

6-Month Mother Interview

6-Month Mother Interview: Introduction

IN0100. We are about to begin the interview portion of today's home visit, which will take about 45 minutes to complete. Your answers are important to us. There are no right or wrong answers, just those that help us to understand your situation. There are questions about your child, where you live, your lifestyle routines, and your feelings during this interview and you can always refuse to answer any question or group of questions. If you need a bathroom break at any time please let me know so that I can give you the materials to collect the samples that are needed today.

Before we start, can you get the medicines, any pesticide products, and the Infant Medical Care Log that you were asked to gather for this appointment?

IN0200. AFTER RESPONDENT GATHERS MATERIALS, OR INDICATES THAT SHE DOESN'T HAVE ANY TO GATHER SAY:

Are you ready to begin?

- YES..... 1
- NO..... 2 (END INTERVIEW)

6-Month Mother Interview: Household Composition and Demographics: Part 1

DE0100. First, I'd like to update some information about the people who live here. We know you've answered some questions like this before, but people's living situations sometimes change after they've had a baby.

DE0200. How many people, both children and adults, live in this household? Include any persons who usually stay here but are temporarily away on business, vacation, in the hospital, on full-time active military duty, or students living temporarily away from home. Do not include anyone who is in a nursing home or other institution. Including yourself, what is the total number of people who live here?

NUMBER

REFUSED..... 9--97
DON'T KNOW..... 9--98

BOX DE01
CHECK ITEM:
<ul style="list-style-type: none"> ■ IF DE0200 = "1", GO TO DE0900. ■ OTHERWISE, CONTINUE WITH DE0300.

DE0300. Now I'd like to ask some questions about each person in your household, starting with the oldest. Please list everyone who lives here, except yourself.

HH ENUMERATION GRID - QUESTIONS DE0400 – DE0800

Revised
8/26/
08

Appendix A
A.1.
4.b-
4

DE0400. **NAME:** What is the (next) oldest person's first name?

Visit Type: 6 Month
Target: Mother

DE0500. **AGE:** How old is (NAME)?

DE0600. **GENDER:** Is (NAME) male or female?

DE0700. **RELATIONSHIP TO RESPONDENT:** Please refer to this card. What is (NAME'S) relationship to you?

DE0800. **RELATIONSHIP TO STUDY CHILD:** Please refer to this card. What is (NAME'S) relationship to (BABY NAME)?

PROBE: Now let me review the names that I have recorded. (READ NAMES FROM ROSTER.) Does this include all persons who usually stay here but are temporarily away on business, vacation, in the hospital, on full time active military duty, or students living temporarily away from home?

INTERVIEWER INSTRUCTION:
NAME: COLLECT UNIQUE NAME.
AGE: ENTER "1" IF LESS THAN 1 YEAR.
GENDER: IF KNOWN, SELECT GENDER WITHOUT ASKING.
RELATIONSHIP TO RESPONDENT: SHOW CARD DE1.
RELATIONSHIP TO STUDY CHILD: SHOW CARD DE 2. IF ENUMERATING STUDY CHILD SELECT "SELF" WITHOUT ASKING.

MAKE SURE TO VERIFY ALL HOUSEHOLD MEMBERS HAVE BEEN ENTERED BEFORE MOVING ON TO THE NEXT SCREEN.

DE0400. NAME	DE0500. AGE	DE0600. RELATIONSHIP TO RESPONDENT	DE0800. RELATIONSHIP TO STUDY CHILD
_____	_ _ _	SELF..... 00	SELF..... 0
UNIQUE FIRST NAME	AGE	SPOUSE..... 01	BROTHER/SISTER..... 1
REFUSED..... 9--97	REFUSED..... 9--97	BIOLOGICAL SON/DAUGHTER..... 02	FATHER/MOTHER..... 2
DON'T KNOW..... 9--98	DON'T KNOW..... 9--98	ADOPTED SON/DAUGHTER..... 03	GRANDPARENT..... 3
		STEPSON/STEPDAUGHTER..... 04	OTHER NONRELATIVE..... 4
		BROTHER/SISTER..... 05	OTHER RELATIVE..... 5
		FATHER/MOTHER..... 06	REFUSED..... 9--97
		GRANDCHILD..... 07	DON'T KNOW..... 9--98
		PARENT-IN-LAW..... 08	
		SON-IN-LAW/DAUGHTER-IN-LAW..... 09	
		ROOMER, BOARDER..... 10	
		HOUSEMATE, ROOMMATE..... 11	
		UNMARRIED PARTNER..... 12	
		FOSTER CHILD..... 13	
		OTHER NONRELATIVE..... 14	
		OTHER RELATIVE..... 15	
		REFUSED..... 9--97	
		DON'T KNOW..... 9--98	

DE0900. Now I'd like to ask about your marital status. What is your current marital status? Are you:

INTERVIEWER INSTRUCTION:
CONFIRM IF KNOWN.

Married,.....	01
Not married but living together with a partner of the opposite sex,.....	02
Not married but living together with a partner of the same sex,.....	03
Widowed,.....	04
Divorced,.....	05
Separated, or.....	06
Never been married?.....	07
REFUSED.....	9--97
DON'T KNOW.....	9--98

DE1000. QUESTION DELETED

DE1100. QUESTION DELETED

DE1200. QUESTION DELETED

DE1300. QUESTION DELETED

6-Month Mother Interview: Child Medical History

CM0100.Now I'll ask you about your baby's sleeping.

CM0200.Does your baby usually sleep in your bedroom or in a different room at night?

- IN RESPONDENT'S ROOM..... 1
- IN A DIFFERENT ROOM..... 2
- BOTH IN RESPONDENT'S ROOM AND A DIFFERENT ROOM..... 3
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

CM0300.What does your baby sleep in at night?

- A bassinet,..... 1
- A crib,..... 2
- A co-sleeper,..... 3
- In the bed or other place with you, or..... 4
- In something else? (SPECIFY): _____ 6
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

CM0400.In what position do you most often lay the baby down to sleep at night? On their..

- Side,..... 1
- Stomach, or..... 2
- Back?..... 3
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

CM0500.In what position do you most often lay the baby down for naps? On their...

- Side,..... 1
- Stomach, or..... 2
- Back?..... 3
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

CM0600.Does your baby have a regular sleeping routine now?

- YES..... 1
- NO..... 2
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

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x A
A.1.
4b-
7**

CM0700. Approximately how many hours does your baby sleep during the day?

|_|_|
HOURS

REFUSED..... 9--97
DON'T KNOW..... 9--98

CM0800. Approximately how many hours does your baby sleep at night?

|_|_|
HOURS

REFUSED..... 9--97
DON'T KNOW..... 9--98

CM0900. On a normal day, what time in the evening does your baby go to sleep?

|_|_|:|_|_|
TIME

REFUSED..... 9--97
DON'T KNOW..... 9--98

CM1000. On a normal day, what time does your baby wake up in the morning?

|_|_|:|_|_|
TIME

REFUSED..... 9--97
DON'T KNOW..... 9--98

CM1100. How often is your baby difficult when {he/she} is put to bed?

Most of the time,..... 1
Often,..... 2
Sometimes,..... 3
Rarely, or..... 4
Never?..... 5
REFUSED..... 9--97
DON'T KNOW..... 9--98

CM1200.How often does your baby wake at night?

Never,.....	1	(CM1500)
Occasionally,.....	2	(CM1400)
Most nights,.....	3	(CM1400)
Every night, or.....	4	(CM1400)
More than once per night?.....	5	
REFUSED.....	9--97	(CM1400)
DON'T KNOW.....	9--98	(CM1400)

CM1300.How many times does your baby wake per night?

NUMBER

REFUSED.....	9--97
DON'T KNOW.....	9--98

CM1400.QUESTION DELETED

CM1500.Now I'd like to change the subject and ask about your child's health and development. You may notice your baby's personality developing a bit more now that he or she is six months old. Overall would you describe your baby as:

	<u>YES</u>	<u>NO</u>	<u>RE</u>	<u>DK</u>
a. Calm?.....	1	2	9--97	9--98
b. Worried?.....	1	2	9--97	9--98
c. Sociable or outgoing?.....	1	2	9--97	9--98
d. Angry?.....	1	2	9--97	9--98
e. Shy or quiet?.....	1	2	9--97	9--98
f. Stubborn?.....	1	2	9--97	9--98
g. Happy?.....	1	2	9--97	9--98

CM1600.Since {CHILD} was born, would you say {CHILD's} health has been poor, fair, good, excellent?

POOR.....	1
FAIR.....	2
GOOD.....	3
EXCELLENT.....	4
REFUSED.....	9--97
DON'T KNOW.....	9--98

Visit Type: 6 Month

Target: Mother

CM1700.I will read you a list of things your baby may already do or may start doing when {he/she} gets older. Does your baby...

	<u>YES</u>	<u>NO</u>	<u>RE</u>	<u>DK</u>
Follow you with {his/her} eyes?.....	1	2	9--97	9--98
Smile when you smile at him/her?.....	1	2	9--97	9--98
Try to get a toy that is out of reach?.....	1	2	9--97	9--98
Feed {him/herself} a cracker or cereal?.....	1	2	9--97	9--98
Wave goodbye?.....	1	2	9--97	9--98
Reaches for toys or food held to him/her?.....	1	2	9--97	9--98
Grab an object like a block or rattle from you?.....	1	2	9--97	9--98
Move a toy or block from one hand to the other?.....	1	2	9--97	9--98
Pick up a small object like a Cheerio or raisin?.....	1	2	9--97	9--98
Hold two toys or blocks at a time, one in each hand?.....	1	2	9--97	9--98
Startle or react to a sound?.....	1	2	9--97	9--98
Turns towards a sound?.....	1	2	9--97	9--98
Turns toward someone when they're speaking?.....	1	2	9--97	9--98
Makes sounds as though he/she is trying to speak?.....	1	2	9--97	9--98
Says mama or dada?.....	1	2	9--97	9--98
Can keep head steady when sitting or held up?.....	1	2	9--97	9--98
Rolls over from stomach to back?.....	1	2	9--97	9--98
Rolls from back to stomach?.....	1	2	9--97	9--98
Sit up by {him/herself}?.....	1	2	9--97	9--98
Stand while holding onto something?.....	1	2	9--97	9--98

CM1800.Has {CHILD} ever had a runny nose, cough, or cold?

YES.....	1	
NO.....	2	(CM2000)
REFUSED.....	9--97	(CM2000)
DON'T KNOW.....	9--98	(CM2000)

CM1900.How old was {he/she} when {he/she} first had a runny nose, cough, or cold?

NUMBER

DAYS.....	1
WEEKS.....	2
MONTHS.....	3
REFUSED.....	9--97
DON'T KNOW.....	9--98

CM2000.Has {CHILD} ever had an ear infection?

YES.....	1	
NO.....	2	(CM2200)
REFUSED.....	9--97	(CM2200)
DON'T KNOW.....	9--98	(CM2200)

CM2100.How old was {he/she} when {he/she} first had an ear infection?

NUMBER

- DAYS..... 1
- WEEKS..... 2
- MONTHS..... 3
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

CM2200.Has {CHILD} ever had diarrhea or vomiting?

- YES..... 1
- NO..... 2 (CM2400)
- REFUSED..... 9--97 (CM2400)
- DON'T KNOW..... 9--98 (CM2400)

CM2300.How old was {he/she} when {he/she} first had diarrhea or vomiting?

NUMBER

- DAYS..... 1
- WEEKS..... 2
- MONTHS..... 3
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

CM2400.Has {CHILD} ever had wheezing or whistling in the chest?

- YES..... 1
- NO..... 2 (CM2600)
- REFUSED..... 9--97 (CM2600)
- DON'T KNOW..... 9--98 (CM2600)

CM2500.How old was {he/she} when {he/she} first had wheezing or whistling in the chest?

NUMBER

- DAYS..... 1
- WEEKS..... 2
- MONTHS..... 3
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

Visit Type: 6 Month

Target: Mother

CM2600.Since {CHILD} was born, on how many days has {CHILD} had a fever over 101 degrees, not related to receiving immunizations? (IF NEEDED: or 38.3 degrees Celsius?)

NUMBER OF DAYS

- REFUSED..... 9--97
DON'T KNOW..... 9--98

CM2700.Now I have some questions about specific conditions or health problems {CHILD} may have.

CM2800.Has a doctor ever told you that {CHILD} is blind?

- YES..... 1 (CM3000)
NO..... 2
REFUSED..... 9--97
DON'T KNOW..... 9--98

CM2900.Has a doctor ever told you that {CHILD} has difficulty seeing, including nearsightedness and farsightedness?

- YES..... 1
NO..... 2
REFUSED..... 9--97
DON'T KNOW..... 9--98

CM3000.Has a doctor ever told you that {CHILD} has difficulty hearing or deafness? Do not include a temporary loss of hearing due to a cold or congestion.

- YES..... 1
NO..... 2
REFUSED..... 9--97
DON'T KNOW..... 9--98

CM3100.Has a doctor ever told you that {CHILD} has any congenital anomaly or birth defect such as a cleft lip or palate, heart defect, or spina bifida?

- YES (SPECIFY):..... 1
NO..... 2
REFUSED..... 9--97
DON'T KNOW..... 9--98

CM3200.Has a doctor ever told you that {CHILD} has failure to thrive, or concern about proper growth?

- YES..... 1
NO..... 2
REFUSED..... 9--97
DON'T KNOW..... 9--98

Visit Type: 6 Month
Target: Mother

CM3300.Has a doctor ever told you that {CHILD} has a problem with using {his/her} arms or hands?

- YES..... 1
- NO..... 2
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

CM3400.Has a doctor ever told you that {CHILD} has Down Syndrome, Turner Syndrome, or other inherited or genetic condition?

- YES (SPECIFY): _____ 1
- NO..... 2
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

CM3500.Has a doctor ever told you that {CHILD} has any other types of special needs or limitations?

- YES (SPECIFY): _____ 1
- NO..... 2
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

BOX CM01

CHECK ITEM:

- IF ANY CM2800-CM3500 = "1" AT CURRENT OR ANY PREVIOUS INTERVIEW, CONTINUE WITH CM3600.
- OTHERWISE GO TO CM3900.

CM3600.Next, I'm going to read a list of services. For each service, please tell me if {CHILD} or your family received this service to help with {CHILD}'s special needs.

	<u>YES</u>	<u>NO</u>	<u>RE</u>	<u>DK</u>
a. Physical therapy?.....	1	2	9--97	9--98
b. Vision services?.....	1	2	9--97	9--98
c. Hearing services?.....	1	2	9--97	9--98
d. Social work services?.....	1	2	9--97	9--98
e. Psychological services?.....	1	2	9--97	9--98
f. Home visits?.....	1	2	9--97	9--98
g. Parent support or training?.....	1	2	9--97	9--98

Visit Type: 6 Month
Target: Mother

CM3700.Is {CHILD} currently participating in an early intervention program or regularly receiving any services for {his/her} condition{s} from:

	<u>YES</u>	<u>NO</u>	<u>RE</u>	<u>DK</u>
a. Your local school district?.....	1	2	9--97	9--98
b. A state or local health agency?.....	1	2	9--97	9--98
c. A social service agency?.....	1	2	9--97	9--98
d. A private doctor's office?.....	1	2	9--97	9--98
e. A clinic?.....	1	2	9--97	9--98
f. Some other source?.....	1	2	9--97	9--98

ROUTING INSTRUCTION: IF CM3700f = "1" CONTINUE. OTHERWISE, GO TO CM3900.

CM3800.What is that other source?

OTHER SOURCE

REFUSED.....	9--97
DON'T KNOW.....	9--98

CM3900.The next questions are about the health insurance plans for {CHILD}. For this kind of insurance, people often pay part of the premium and they may obtain it through work, purchase it directly, or receive it through a state or local government program or community program.

CM4000.Is {CHILD} covered by any kind of health insurance or some other kind of health care plan?

PROBE: Include health insurance obtained through employment or purchased directly, as well as government programs like Medicaid and CHIP that provide medical care or help pay bills?

YES.....	1
NO.....	2 (EOS)
REFUSED.....	9--97 (EOS)
DON'T KNOW.....	9--98 (EOS)

CM4100 What kind of health insurance or health care coverage does {CHILD} have? Does {he/she} have coverage through a private health insurance plan (from employer, workplace, or purchased directly, or through a state or local government program or community program)?

YES.....	1
NO.....	2
REFUSED.....	9--97
DON'T KNOW.....	9--98

CM4200.(Does {he/she} have coverage through)

Medicaid {or name of state program}?

- YES..... 1
- NO..... 2
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

CM4300.(Does {he/she} have coverage through)

CHIP (Children's Health Insurance Program) {or name of state program}?

- YES..... 1
- NO..... 2
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

CM4400.(Does {he/she} have coverage through)

Military health care/TRICARE/CHAMPUS/CHAMP-VA?

- YES..... 1
- NO..... 2
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

CM4500.(Does {he/she} have coverage through)

Indian Health Service?

- YES..... 1
- NO..... 2
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

CM4600.(Does {he/she} have coverage through)

Another government program (Medicare {, {State-sponsored health plan}})?

- YES..... 1
- NO..... 2
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

6-Month Mother Interview: Health Behaviors

HB0100. The following questions are about your sleep habits during the past 7 days.

HB0200. Thinking of the past 7 days, on a typical day, how much time did you sleep at night?

- Less than 4 hours,..... 1
- 4 – 5 hours,..... 2
- 6 – 7 hours,..... 3
- 8 – 9 hours, or..... 4
- 10 or more hours?..... 5
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

HB0300. During the past 7 days, on a typical day, how much additional time did you sleep during the day?

- Not at all,..... 1
- Less than 1 hour,..... 2
- 1 – 2 hours, or..... 3
- More than 2 hours?..... 4
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

HB0400. The next questions are about your child's exposure to environmental tobacco smoke.

HB0500. Do you **currently** smoke cigarettes or use any other tobacco product?

- YES 1
- NO..... 2
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

HB0600. {Including yourself, how/How} many smokers live in your home **now**?

- NUMBER OF SMOKERS
- REFUSED..... 9--97
 - DON'T KNOW..... 9--98

HB0700. {Do you/Does anyone} smoke inside the house?

- YES 1
- NO..... 2
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

HB0800. Which of the following statements describes the rules about smoking inside your home now?

- No one is allowed to smoke anywhere inside my home,..... 1
- Smoking is allowed in some rooms at some times, or..... 2
- Smoking is permitted anywhere inside my home..... 3
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

HB0900. On average, about **how many hours per day** do people smoke in the same room as {CHILD}, or near enough that {he/she} can see or smell the smoke? Please consider all the places {CHILD} is during the day, including at home, at daycare, or some other place. If {he/she} is not exposed to smoke, enter "0."

HOURS

- REFUSED..... 9--97
- DON'T KNOW..... 9--98

HB1000. Do you drink any type of alcoholic beverage?

- YES..... 1
- NO..... 2 (EOS)
- REFUSED..... 9--97 (EOS)
- DON'T KNOW..... 9--98 (EOS)

HB1100. How often do you have 5 or more drinks within a couple of hours:

- Never,..... 1
- About once a month,..... 2
- About once a week, or..... 3
- About once a day?..... 4
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

6-Month Mother Interview: Parenting Practices and Beliefs

PB0100. These next questions are about different things you may do as a parent. How often do you feel the following ways or do the following things?

PB0200. How often do you talk a lot about your child to friends and family?

SHOW CARD PB1.

- All of the time..... 1
- Some of the time..... 2
- Rarely, or 3
- Never?..... 4
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

PB0300. How often do you carry pictures of your child with you wherever you go?

SHOW CARD PB1.

- ALL OF THE TIME..... 1
- SOME OF THE TIME..... 2
- RARELY..... 3
- NEVER..... 4
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

PB0400. How often do you find yourself thinking about your child?

SHOW CARD PB1.

- ALL OF THE TIME..... 1
- SOME OF THE TIME..... 2
- RARELY..... 3
- NEVER..... 4
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

PB0500. How often do you think holding and cuddling your child is fun?

SHOW CARD PB1.

- ALL OF THE TIME..... 1
- SOME OF THE TIME..... 2
- RARELY..... 3
- NEVER..... 4
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

PB0600. How often do you think it's more fun to get your child something new than to get yourself something new?

SHOW CARD PB1.

- ALL OF THE TIME..... 1
- SOME OF THE TIME..... 2
- RARELY..... 3
- NEVER..... 4
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

PB0700. QUESTION DELETED

PB0800. Do you read to or look at books with your child?

- YES..... 1
- NO..... 2 (PB1000)
- REFUSED..... 9--97 (PB1000)
- DON'T KNOW..... 9--98 (PB1000)

PB0900. How often do you read or look at books with your child?

- Every day,..... 1
- 5-6 days a week,..... 2
- 2-4 days a week, or..... 3
- Once a week or less?..... 4
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

PB1100. Does your child watch TV and/or DVDs?

- YES..... 1
- NO..... 2 (PB1800)
- REFUSED..... 9--97 (PB1800)
- DON'T KNOW..... 9--98 (PB1800)

PB1200. How often does your child watch TV and/or DVDs?

- Every day,..... 1
- 5-6 days a week,..... 2
- 2-4 days a week, or..... 3
- Once a week or less?..... 4
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

PB1800. How often do you play with toys with your baby?

- Every day,..... 1
- 5-6 days a week,..... 2
- 2-4 days a week, or..... 3
- Once a week or less?..... 4
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

PB1600. How often do you go for walks with your baby?

- Every day,..... 1
- 5-6 days a week,..... 2
- 2-4 days a week, or..... 3
- Once a week or less?..... 4
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

PB1700. QUESTION DELETED

PB1800. QUESTION DELETED

PB1900. QUESTION DELETED

6-Month Mother Interview: Child Care Arrangements

Next, I'd like to ask you about different types of child care {CHILD} may receive from someone other than parents or guardians. This includes regularly scheduled care arrangements with relatives and non-relatives, and day care or early childhood programs, whether or not there is a charge or fee, but not occasional baby-sitting.

Section A: Any Regularly Scheduled Non-Parental Child Care

A01. Does {CHILD} currently receive any regularly scheduled care from someone other than a parent or guardian, for example from relatives, non-relatives, or a child care center or program?

- Yes..... 1
- No..... 2
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

BOX A02

CHECK ITEM:

- IF CHILD IS CURRENTLY RECEIVING REGULAR NON-PARENTAL CARE (A01 = 1), GO TO SECTION B.
- ELSE, END CHILD CARE ARRANGEMENTS SECTION.

Section B. Care by a Relative Other Than a Parent or Guardian

B01. I'd like you to think about all the care {CHILD} receives from relatives, for example, from grandparents, brothers or sisters, or any other relatives. This includes all regularly scheduled care arrangements with relatives that happen at least weekly, but does not include occasional baby-sitting. Including all of these regular arrangements, how many total hours each week does {CHILD} receive care from relatives?

|_|_|
NUMBER OF HOURS PER WEEK

OR

- REFUSED..... 9--97
- DON'T KNOW..... 9--98

BOX B02

CHECK ITEM:

- IF CHILD IS CURRENTLY RECEIVING CARE FROM RELATIVES FOR 10 OR MORE HOURS PER WEEK (B01 ≥ 10) GO TO B04.
- ELSE, GO TO SECTION C.

Visit Type: 6 Month
Target: Mother

B04. How many care arrangements with relatives does {CHILD} have that are regularly scheduled for 10 hours or more each week?

NUMBER OF CARE ARRANGEMENTS AT 10 HOURS OR MORE

OR

REFUSED..... 9--97
DON'T KNOW..... 9--98

BOX B05

CHECK ITEM:

- IF CHILD HAS ONE OR MORE RELATIVE CARE ARRANGEMENTS THAT LAST FOR 10 OR MORE HOURS PER WEEK (B04 ≥ 1), GO TO BOX B06.
- ELSE, GO TO SECTION C.

BOX B06

CHECK ITEM:

- ASK B07 THROUGH B31 FOR EACH RELATIVE WHO PROVIDES 10 OR MORE HOURS PER WEEK OF CARE FOR CHILD

B07. [Let's start with the relative who provides the most care for {CHILD} now./Now let's talk about the next relative who cares for {CHILD}]. How is this person related to {CHILD}?

Grandmother..... 1
Grandfather..... 2
Aunt..... 3
Uncle..... 4
Brother..... 5
Sister..... 6
Another Relative (SPECIFY): _____ 7
REFUSED..... 9--97
DON'T KNOW..... 9--98

B10. Is the care provided by {{CHILD}'s {RELATIVE}/that relative} in your home or in another home?

Own home..... 1
Other home..... 2
Both/Varies..... 3
REFUSED..... 9--97
DON'T KNOW..... 9--98

B13. Does {{CHILD}'s {RELATIVE}/that relative} who provides this care live in your household? PROBE: Include persons living in in-law suites, above garages, or in quarters attached to house.

- Yes..... 1
- No..... 2
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

B16. How many hours each week does {CHILD} receive care from {{his/her}{RELATIVE}/that relative}?

NUMBER OF HOURS PER WEEK

OR

- REFUSED..... 9--97
- DON'T KNOW..... 9--98

B19. How old was {CHILD} in months when this particular regular care arrangement with {{his/her} {RELATIVE}/that relative} began?

AGE IN MONTHS WHEN CARE WITH RELATIVE BEGAN

OR

- REFUSED..... 9--97
- DON'T KNOW..... 9--98

B22. How many children are usually cared for together, in the same group at the same time, by {{CHILD}'s {RELATIVE}/that relative}, counting {CHILD}?

NUMBER OF CHILDREN

OR

- REFUSED..... 9--97
- DON'T KNOW..... 9--98

B25. How many adults usually care for {CHILD} at the same time during that care arrangement?

NUMBER OF ADULTS

OR

- REFUSED..... 9--97
- DON'T KNOW..... 9--98

B28. Does the child care provider allow you or other parents to leave children who are sick?

- No, the parent/s have to make other arrangements if the child is at all sick (e.g., a cold or sniffles but no fever, or fever under some predetermined level, such as 100)..... 1
- No, the parent/s have to make other arrangements if the child is very sick (e.g., any fever over some predetermined level, such as 100.1)..... 2
- Yes, the parent/s can leave the child as usual..... 3
- Yes, the provider takes the child, but keeps him/her isolated from other children (or there are no other children)..... 4
- Yes, the provider takes the child, and makes other arrangements for the child (has someone else take care of the child, etc.)..... 5
- Other (SPECIFY): _____ 6
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

BOX B29

CHECK ITEM:

- IF B10 = 2 or B10 = 3, GO TO B31.
- ELSE, GO TO B37.

B31. May I have the address where this relative provides care for your child? [IF NEEDED: We will not use this information to contact your relative. We will only use this information for analysis.]

STREET NUMBER	STREET NAME	APT #
CITY		
STATE	ZIP CODE	

BOX B29

CHECK ITEM:

- IF (CITY AND STATE) OR ZIP WAS PROVIDED IN B31, GO TO BOX B35.
- ELSE, GO TO B34.

B34. About how many miles is the {CHILD}'s {RELATIVE/relative caregiver} from your house?

NUMBER OF MILES

BOX B35

CHECK ITEM:

- IF B04 =1 (ONE RELATIVE ARRANGEMENT), GO TO B37.
- IF B04 ≥ 2 (MORE THAN ONE RELATIVE ARRANGEMENT), RETURN TO B07 UNTIL THE NUMBER OF ARRANGEMENTS IN B04 IS COMPLETED, THEN GO TO B37.

B37. Does {CHILD} have another care arrangement with a relative that is regularly scheduled for 10 hours or more per week?

- Yes..... 1 (GO TO B07)
- No..... 2
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

Section C: Care by a Non-Relative

Now I'd like to ask you about any regularly scheduled care {CHILD} receives from someone not related to {him/her}, either in your home or someone else's home. This includes all regularly scheduled care arrangements with non-relatives that happen at least weekly, including home child care providers, regularly scheduled sitter arrangements, or neighbors. This does not include day care centers, early childhood programs, or occasional babysitting.

C01. I'd like you to think about all the regularly scheduled care your child receives on a weekly basis from non-relatives in a home setting. Including all of these arrangements, how many total hours each week does {CHILD} receive care from non-relatives in a home setting?

NUMBER OF HOURS PER WEEK

OR

REFUSED..... 9--97
DON'T KNOW..... 9--98

BOX C02
CHECK ITEM:
<ul style="list-style-type: none"> ■ IF CHILD IS CURRENTLY RECEIVING CARE FROM NON-RELATIVES FOR 10 OR MORE HOURS PER WEEK (C01 ≥ 10), GO TO C04. ■ ELSE, GO TO SECTION D.

C04. How many care arrangements with non-relatives does {CHILD} have that are regularly scheduled for 10 hours or more each week?

NUMBER OF CARE ARRANGEMENTS AT 10 HOURS OR MORE

OR

REFUSED..... 9--97
DON'T KNOW..... 9--98

BOX C05
CHECK ITEM:
<ul style="list-style-type: none"> ■ IF CHILD HAS ONE OR MORE NON-RELATIVE CARE ARRANGEMENTS THAT LAST FOR 10 OR MORE HOURS PER WEEK (C04 ≥ 1), GO TO BOX C06. ■ ELSE, GO TO SECTION D.

BOX C06
CHECK ITEM:
■ ASK C07 THROUGH C28 FOR EACH NON-RELATIVE WHO PROVIDES 10 OR MORE HOURS PER WEEK OF CARE FOR CHILD

C07. [Let's talk about the non-relative who provides the most care for {CHILD} now./Now let's talk about the next non-relative who cares for {CHILD}.]

Is that care provided in your home or another home?

- Own home..... 1
- Other home..... 2
- Both/Varies..... 3
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

C10. Does this person who cares for {CHILD} live in your household? PROBE: Include persons living in in-law suites, above garages, or in quarters attached to house.

- Yes..... 1
- No..... 2
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

C13. How many hours each week does {CHILD} receive care from that person?

NUMBER OF HOURS PER WEEK

OR

- REFUSED..... 9--97
- DON'T KNOW..... 9--98

C16. How old was {CHILD} in months when this particular care arrangement began?

AGE IN MONTHS WHEN CARE BEGAN

OR

- REFUSED..... 9--97
- DON'T KNOW..... 9--98

C19. How many children are usually cared for together, in the same group at the same time, by that person, counting {CHILD}?

NUMBER OF CHILDREN

OR

REFUSED..... 9--97
DON'T KNOW..... 9--98

C22. How many adults usually care for {CHILD} at the same time during that care arrangement?

NUMBER OF ADULTS

OR

REFUSED..... 9--97
DON'T KNOW..... 9--98

C25. Does the child care provider allow you or other parents to leave children who are sick?

- No, the parent/s have to make other arrangements if the child is at all sick (e.g., a cold or sniffles but no fever, or fever under some predetermined level, such as 100)..... 1
- No, the parent/s have to make other arrangements if the child is very sick (e.g., any fever over some predetermined level, such as 100.1)..... 2
- Yes, the parent/s can leave the child as usual..... 3
- Yes, the provider takes the child, but keeps him/her isolated from other children (or there are no other children)..... 4
- Yes, the provider takes the child, and makes other arrangements for the child (has someone else take care of the child, etc.)..... 5
- Other (SPECIFY): _____ 6
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

BOX C23

CHECK ITEM:

- IF C07 = 2 or C07 = 3, GO TO C28.
- ELSE, GO TO C34.

Visit Type: 6 Month
Target: Mother

C28. May I have the address where this person provides care for your child? [IF NEEDED: We will not use this information to contact your child's care provider. We will only use this information for analysis.]

STREET NUMBER	STREET NAME	APT #
CITY		
STATE	ZIP CODE	

BOX C29

CHECK ITEM:

- IF (CITY AND STATE) OR ZIP WAS PROVIDED IN C28, GO TO BOX C32.
- ELSE, GO TO C31.

C31. About how many miles is the {CHILD}'s {RELATIVE/relative caregiver} from your house?

NUMBER OF MILES

BOX C32

CHECK ITEM:

- IF C04 = 1 (ONE NON-RELATIVE ARRANGEMENT), GO TO C34.
- IF C04 ≥ 2 (MORE THAN ONE 10 HOUR NON-RELATIVE ARRANGEMENT), RETURN TO C07 UNTIL THE NUMBER OF ARRANGEMENTS IN C04 IS COMPLETED, THEN GO TO C34.

C34. Does {CHILD} have another care arrangement with a non-relative that is regularly scheduled for 10 hours or more each week?

Yes.....	1 (GO TO C07)
No.....	2
REFUSED.....	9--97
DON'T KNOW.....	9--98

Section D. Center-Based Care

Now I want to ask you about child care centers {CHILD} may attend on a regular basis. Such centers include day care centers, early learning centers, nursery schools, and preschools.

D01. I'd like you to think about all the care your child receives from child care centers. This includes all regularly scheduled care arrangements in child care centers that happen at least weekly. Including all of these arrangements, how many total hours each week does {CHILD} receive care at child care centers?

|_|_|
NUMBER OF HOURS PER WEEK

OR

REFUSED..... 9--97
DON'T KNOW..... 9--98

BOX D02

CHECK ITEM:

- IF CHILD IS CURRENTLY RECEIVING CENTER-BASED CARE FOR 10 OR MORE HOURS PER WEEK, GO TO D04.
- ELSE, END CHILD CARE INTERVIEW.

D04. How many different child care center arrangements does {CHILD} have, where {CHILD} goes for at least 10 hours each week?

|_|_|
NUMBER OF CARE ARRANGEMENTS AT 10 HOURS OR MORE

OR

REFUSED..... 9--97
DON'T KNOW..... 9--98

BOX D05

CHECK ITEM:

- IF CHILD HAS ONE OR MORE CENTER-BASED CARE ARRANGEMENT THAT LASTS FOR 10 OR MORE HOURS PER WEEK ($D04 \geq 1$), GO TO BOX D06.
- ELSE, END CHILD CARE INTERVIEW.

BOX D06

CHECK ITEM:

- ASK D07 THROUGH D22 FOR EACH CHILD CARE CENTER WHERE THE CHILD SPENDS 10 OR MORE HOURS PER WEEK.

D07. [Let's talk about the program where {CHILD} spends most of his/her time./Now let's talk about the next program that {CHILD} currently goes to.] How many hours each week does {CHILD} go to that program?

NUMBER OF HOURS PER WEEK

OR

REFUSED..... 9--97
DON'T KNOW..... 9--98

D10. How old was {CHILD} in months when {he/she} started going to this particular program?

AGE IN MONTHS WHEN CARE BEGAN

OR

REFUSED..... 9--97
DON'T KNOW..... 9--98

D13. How many children are usually in {CHILD}'s room or group, at the same time, at that program, counting {CHILD}?

NUMBER OF CHILDREN

OR

REFUSED..... 9--97
DON'T KNOW..... 9--98

D16. How many adults are usually in {CHILD}'s room or group, at the same time, at that program?

NUMBER OF ADULTS

OR

REFUSED..... 9--97
DON'T KNOW..... 9--98

D19. Does the child care provider allow you or other parents to leave children who are sick?

- No, the parent/s have to make other arrangements if the child is at all sick (e.g., a cold or sniffles but no fever, or fever under some predetermined level, such as 100)..... 1
- No, the parent/s have to make other arrangements if the child is very sick (e.g., any fever over some predetermined level, such as 100.1)..... 2
- Yes, the parent/s can leave the child as usual..... 3
- Yes, the provider takes the child, but keeps him/her isolated from other children (or there are no other children)..... 4
- Yes, the provider takes the child, and makes other arrangements for the child (has someone else take care of the child, etc.)..... 5
- Other (SPECIFY): _____ 6
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

D22. May I have the address of this child care program? [IF NEEDED: We will not use this information to contact your child's care provider. We will only use this information for analysis.]

STREET NUMBER STREET NAME APT #

CITY

STATE

ZIP CODE

BOX D23

CHECK ITEM:

- IF (CITY AND STATE) OR ZIP WAS PROVIDED IN D22, GO TO BOX D26.
- ELSE, GO TO D25.

D25. About how many miles is the {CHILD}'s {RELATIVE/relative caregiver} from your house?

NUMBER OF MILES

BOX D26

CHECK ITEM:

- IF D04 = 1 (ONE 10 HOUR CENTER-BASED ARRANGEMENT), GO TO D28.
- IF $D04 \geq 2$ (MORE THAN ONE 10 HOUR CENTER-BASED ARRANGEMENT), RETURN TO D07 UNTIL THE NUMBER OF ARRANGEMENTS IN D04 IS COMPLETED, THEN GO TO D28.

D28. Does {CHILD} go to another child care center for at least 10 hours a week?

- Yes..... 1 (GO TO D07)
- No..... 2
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

6-Month Mother Interview: Doctor Visits and Hospitalizations

CV0100. I am now going to ask some questions about your child's visits to a doctor or other health care provider. Please include routine well visits, sick visits, and any other visits to a doctor or other health care provider at a clinic, doctor's office or HMO, emergency room, or hospital outpatient department. Please refer to the Infant Medical Care Log that you received as part of this study or to any other personal record or calendar that you keep that would help you to remember the dates of these visits. I'll be asking you to put a check mark in the box next to each visit once you've finished telling me about it. If you have this information available, please go and get it now.

CV0200. Since {MONTH} has {CHILD} seen a doctor or health care provider for any reason?

- YES..... 1
- NO..... 2 (EOS)
- REFUSED..... 9--97 (EOS)
- DON'T KNOW..... 9--98 (EOS)

BEGIN LOOP CV01

LOOP:

- CYCLE THROUGH CV0300-CV1600 FOR EACH VISIT TO A DOCTOR OR OTHER HEALTH CARE PROVIDER.

CV0300. {Beginning with the most recent visit, please give me the date of the visit/Please give me the date of the next most recent visit.}

INTERVIEWER INSTRUCTION:
ENTER A TWO DIGIT MONTH, TWO DIGIT DAY, AND A FOUR DIGIT YEAR.

_ _	_ _	_ _ _ _
MM	DD	YYYY

- REFUSED..... 9--97
- DON'T KNOW..... 9--98

CV0400. What kind of place did you take your child to – a clinic or health center, doctor's office or HMO, a hospital emergency room, a hospital outpatient department, or some other place?

- CLINIC OR HEALTH CENTER..... 1
- DOCTOR'S OFFICE OR HMO..... 2
- HOSPITAL EMERGENCY ROOM..... 3
- HOSPITAL OUTPATIENT DEPARTMENT..... 4
- SOME OTHER PLACE (SPECIFY): _____ 6
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

CV0500. What was the main reason for the visit?

- Routine well visit,..... 1
- Sick visit, or..... 3 (CV1400)
- Some other reason? (SPECIFY):_____ 6 (CV1400)
- REFUSED..... 9--97 (CV1400)
- DON'T KNOW..... 9--98 (CV1400)

CV0600. At this visit, what was your child's weight?

- WEIGHT MEASURED..... 1
- WEIGHT NOT MEASURED..... 2 (CV0800)

CV0700. (At this visit, what was your child's weight?)

POUNDS

OR

_____._____
KILOGRAMS

- REFUSED..... 9--97
- DON'T KNOW..... 9--98

CV0800. At this visit, what was your child's length?

- LENGTH/HEIGHT MEASURED..... 1
- LENGTH/HEIGHT NOT MEASURED..... 2 (CV1000)

CV0900. (At this visit, what was your child's length?)

_____._____
INCHES

OR

_____._____
CENTIMETERS

- REFUSED..... 9--97
- DON'T KNOW..... 9--98

Visit Type: 6 Month
Target: Mother

CV1000. At this visit, what was your child's head circumference?

- HEAD CIRCUMFERENCE MEASURED..... 1
- HEAD CIRCUMFERENCE NOT MEASURED..... 2 (CV1200)

CV1100. (At this visit, what was your child's head circumference?)

____|____|____|
INCHES

OR

____|____|____|
CENTIMETERS

- REFUSED..... 9--97
- DON'T KNOW..... 9--98

CV1200. Did your child receive any vaccinations at this visit?

- YES..... 1
- NO..... 2 (CV1600)
- REFUSED..... 9--97 (CV1600)
- DON'T KNOW..... 9--98 (CV1600)

CV1300. What did {he/she} receive? What was the lot number for the vaccine your child received?

	<u>RECEIVED</u>		<u>LOT NUMBER</u>
	<u>YES</u>	<u>NO</u>	
Hepatitis B.....	1	2	_____
Diphtheria, Tetanus, and Pertussis (DTaP).....	1	2	_____
H. Influenza Type B (Hib).....	1	2	_____
Inactivated Polio (IPV).....	1	2	_____
Pneumococcal Conjugate (PCV7).....	1	2	_____
Measles, Mumps, and Rubella (German measles).....	1	2	_____
Varicella (Chickenpox).....	1	2	_____
Hepatitis A.....	1	2	_____
Influenza.....	1	2	_____
Rotavirus.....	1	2	_____
Meningococcal.....	1	2	_____
Other (SPECIFY): _____	1	2	_____

CV1400. Did a doctor or other health care provider give your child a diagnosis?

- YES..... 1
- NO..... 2 (CV1600)
- REFUSED..... 9--97 (CV1600)
- DON'T KNOW..... 9--98 (CV1600)

CV1500. What was the diagnosis?

INTERVIEWER INSTRUCTION:
ENTER ALL DIAGNOSES IN FIELD SEPARATED BY COMMAS OR AN "AND".

DIAGNOSES

REFUSED..... 9--97
DON'T KNOW..... 9--98

CV1600. Did your child receive any treatments at this visit?

YES..... 1
NO..... 2 (CV1800)
REFUSED..... 9--97 (CV1800)
DON'T KNOW..... 9--98 (CV1800)

CV1700. What treatments did {he/she} receive?

INTERVIEWER INSTRUCTION:
ENTER ALL TREATMENTS IN FIELD SEPARATED BY COMMAS OR AN "AND".

TREATMENTS

REFUSED..... 9--97
DON'T KNOW..... 9--98

CV1800. If you haven't yet, please put a check mark in the box next to the visit you just told me about in your Infant Medical Care Log. Has your child had any other visits to a doctor or other health care provider since {MONTH}? Please include routine well visits, as well as visits to a doctor or other health care provider either at a clinic, doctor's office or HMO, emergency room, or outpatient department for any other reason.

YES..... 1
NO..... 2 (EL_CV01)
REFUSED..... 9--97 (EL_CV01)
DON'T KNOW..... 9--98 (EL_CV01)

END LOOP CV01
LOOP:
■ IF CV1800 = "1", CYCLE AGAIN.
■ OTHERWISE, END LOOP AND CONTINUE WITH CV1900.

CV1900. Since {MONTH} has your child spent at least one night in the hospital?

- YES..... 1
- NO..... 2 (BOX CV04)
- REFUSED..... 9--97 (BOX CV04)
- DON'T KNOW..... 9--98 (BOX CV04)

BEGIN LOOP CV02

LOOP:

- CYCLE THROUGH CV2000-CV2600 FOR EACH HOSPITALIZATION.

CV2000. What was the admission date of your child's {next} most recent hospitalization?

INTERVIEWER INSTRUCTION:
ENTER A TWO DIGIT MONTH, TWO DIGIT DAY, AND A FOUR DIGIT YEAR.

MM		DD		YYYY					

- REFUSED..... 9--97
- DON'T KNOW..... 9--98

CV2100. How many nights did your child stay at the hospital during this hospitalization?

NUMBER OF NIGHTS			

- REFUSED..... 9--97
- DON'T KNOW..... 9--98

CV2200. Did a doctor or other health care provider give your child a diagnosis?

- YES..... 1
- NO..... 2 (CV2400)
- REFUSED..... 9--97 (CV2400)
- DON'T KNOW..... 9--98 (CV2400)

CV2300. What was the diagnosis?

INTERVIEWER INSTRUCTION:
ENTER ALL DIAGNOSES IN FIELD SEPARATED BY COMMAS OR AN "AND".

DIAGNOSES

REFUSED..... 9--97
DON'T KNOW..... 9--98

CV2400. Did your child receive any treatments? Please include any vaccinations your child may have received.

YES..... 1
NO..... 2 (CV2600)
REFUSED..... 9--97 (CV2600)
DON'T KNOW..... 9--98 (CV2600)

CV2500. What treatments did your child receive?

INTERVIEWER INSTRUCTION:
ENTER ALL TREATMENTS IN FIELD SEPARATED BY COMMAS OR AN "AND".

TREATMENTS

REFUSED..... 9--97
DON'T KNOW..... 9--98

CV2600. If you haven't yet, put a check mark in the box next to the visit that you just told me about in your Infant Medical Care Log. Has your child had any other hospitalizations since {MONTH}?

YES..... 1
NO..... 2
REFUSED..... 9--97
DON'T KNOW..... 9--98

END LOOP CV02

LOOP:

- IF CV2600 = "1", CYCLE AGAIN.
- OTHERWISE, CONTINUE WITH NEXT SECTION.

6-Month Mother Interview: Use of Medicines, Supplements and Alternative Medicines

UM0100.The next questions are about the prescription medications, over the counter medications, and dietary supplements that you have given to your child since {he/she} was born. Do not include medications or supplements {he/she} may have received while {he/she} was still in the hospital.

UM0200.Since your child was born, have you given {him/her} a medication for which a prescription is needed? Include only those products prescribed by a health professional such as a doctor or dentist. Please include prescription vitamins or minerals.

- YES..... 1
- NO..... 2
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

UM0300.Since your child was born, have you given {him/her} any over-the-counter or nonprescription medications, or any nonprescription vitamins, minerals, herbals, or other dietary supplements? This card lists some examples of different types of over the counter medications, vitamins, minerals, and dietary supplements.

SHOW CARD UM1.

- YES..... 1
- NO..... 2
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

BOX UM01

CHECK ITEM:

- IF UM0200 OR UM0300 = "1", CONTINUE WITH UM0400.
- OTHERWISE, GO TO EOS.

UM0400.May I please see the containers for all the {prescriptions,} {and} {non-prescription medicines and supplements}, that you gave to your child since {he/she} was born?

- RESPONDENT HAS CONTAINERS..... 1
- RESPONDENT DOES NOT HAVE CONTAINERS..... 2

BOX UM02

CHECK ITEM:

- IF UM0200 = "1", CONTINUE WITH UM0500.
- OTHERWISE, GO TO BOX UM03.

Visit Type: 6 Month
Target: Mother

UM0500.I will start with the prescription medications. {Please show me any prescription medications and supplements you have given your child since {he/she} was born./Please tell me the names of the prescription medications and supplements that you have given your child since {he/she} was born.} Prescription medications and supplements may include products like antibiotics for ear infections, or iron supplements prescribed by a doctor.

PROBE: Have you given your child any other prescription medications **since {he/she} was born** that we missed? Please include prescriptions {he/she} may not be currently taking, but has finished since {he/she} was born.

INTERVIEWER INSTRUCTION:

CHECK PRODUCT LABEL OR ASK PRODUCT NAME IF RESPONDENT DOESN'T PROVIDE CONTAINER. ACTIVATE LOOKUP AND SELECT MEDICATIONS FROM LIST. CHECK TO MAKE SURE THAT BOTH THE BRAND AND TYPE OR FORMULA MATCH. IF A MEDICATION IS NOT ON LIST, ENTER THE FULL NAME (INCLUDING BRAND NAME) IN THE SPECIFY FIELD.

CONFIRM ALL MEDICATIONS ENTERED BEFORE MOVING TO NEXT SCREEN.

- PRODUCT ON PRESCRIPTION MEDICINE LIST..... 1
- PRODUCT NOT ON LIST (SPECIFY):_____ 6
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

<u>BEGIN LOOP UM01</u>
<u>LOOP:</u>
■ CYCLE THROUGH UM0600 – UM1000 FOR EACH PRESCRIPTION.

UM0600.{First/Next}, let's talk about {MEDICATION}.

UM0700.PRODUCT LABEL SEEN?

- YES..... 1
- NO..... 2

UM0800.RECORD FORM FROM PRODUCT CONTAINER. IF RESPONDENT DOESN'T PROVIDE CONTAINER, ASK:
How is the {MEDICATION} taken:

- By mouth, 01
- Inhaled either by mouth or nose,..... 02
- Injected,..... 03
- Applied to the skin, such as a patch or creams, or..... 04
- Some other way? (SPECIFY):_____ 96
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

UM0900.When did you start giving your child {MEDICATION}:

- Within the last month,..... 1
- 1-3 months ago, or..... 2
- More than 3 months ago?..... 3
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

UM1000.Are you still giving {CHILD} {MEDICATION}?

- YES..... 1
- NO..... 2
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

END LOOP UM01

LOOP:

- CYCLE THROUGH UM0600 – UM1000 FOR THE NEXT PRESCRIPTION MEDICATION IN ROSTER.
- WHEN FINISHED WITH ALL MEDICATIONS LISTED IN ROSTER CONTINUE WITH BOX UM03.

BOX UM03

CHECK ITEM:

- IF UM0300 = "1", CONTINUE WITH UM1100.
- OTHERWISE, GO TO EOS.

Visit Type: 6 Month

Target: Mother

UM1100. Now let's talk about **over-the-counter medications, and nonprescription vitamins, minerals, herbals, and other dietary supplements** that you have given your child. {Please show me any you have giving your child **since {he/she} was born.**/Please tell me the names of the nonprescription medications and nonprescription vitamins, minerals, herbals, and supplements that you have given your child **since {he/she} was born.**}. Over-the-counter medications include products you buy without a doctor's prescription and may give to your child for a cold or cough, fever, or fussiness or irritability.

PROBE: Have you given any other over-the-counter medications or nonprescription vitamins, minerals, herbals, or other dietary supplements to your child since {he/she} was born that we missed?

INTERVIEWER INSTRUCTION:

CHECK PRODUCT LABEL OR ASK PRODUCT NAME IF RESPONDENT DOESN'T PROVIDE CONTAINER. ACTIVATE LOOKUP AND SELECT MEDICATIONS FROM LIST. CHECK TO MAKE SURE THAT BOTH THE BRAND AND TYPE OR FORMULA MATCH. IF A MEDICATION IS NOT ON LIST, ENTER THE FULL NAME (INCLUDING BRAND NAME) IN THE SPECIFY FIELD.

CONFIRM ALL MEDICATIONS ENTERED BEFORE MOVING TO NEXT SCREEN.

SHOW CARD UM1.

PRODUCT ON MEDICINE LIST.....	1
PRODUCT NOT ON LIST (SPECIFY):_____	6
REFUSED.....	9--97
DON'T KNOW.....	9--98

BEGIN LOOP UM02
LOOP:
■ CYCLE THROUGH UM1200 – UM1700 FOR EACH OTC.

UM1200.{First/Next}, let's talk about {PRODUCT}.

UM1300. WAS PRODUCT LABEL SEEN?

YES.....	1
NO.....	2

UM1400.RECORD FORM FROM PRODUCT CONTAINER. IF RESPONDENT DOESN'T PROVIDE CONTAINER, ASK:
How is this {PRODUCT} taken:

By mouth,.....	01
Inhaled either by mouth or nose,.....	02
Injected,.....	03
Applied to the skin, such as a patch or creams, or.....	04
Some other way? (SPECIFY):_____	96
REFUSED.....	9--97
DON'T KNOW.....	9--98

UM1500.When did you start giving your child {PRODUCT}:

- Within the last month,..... 1
- 1-3 months ago, or..... 2
- More than 3 months ago?..... 3
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

UM1600.Since {CHILD} was born, how often have you given your child {PRODUCT}:

- Less than once a month,..... 01
- Once a month,..... 02
- 2-3 times a month (but less than once a week),..... 03
- 1-2 times a week,..... 04
- 3-4 times a week,..... 05
- 5-6 times a week, or..... 06
- Every day?..... 07
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

UM1700.Are you still giving {CHILD} {PRODUCT}?

- YES..... 1
- NO..... 2
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

<u>END LOOP UM02</u>
<p><u>LOOP:</u></p> <ul style="list-style-type: none"> ■ CYCLE THROUGH UM1200 – UM1700 FOR THE NEXT OTC IN ROSTER. ■ WHEN FINISHED WITH ALL OTCS LISTED IN ROSTER CONTINUE WITH NEXT SECTION.

6-Month Mother Interview: Alternative/Traditional Medicines

AM0100. The next questions ask about traditional medicines, home remedies, and beauty products made in other countries and sent to the United States.

AM0200. Since your baby was born, did you give your child any traditional medicines or home remedies to treat stomach ache, vomiting, colic, empacho (stomach ache or vomiting), or to aid digestion?

- YES..... 1
- NO..... 2 (AM0500)
- REFUSED..... 9--97 (AM0500)
- DON'T KNOW..... 9--98 (AM0500)

AM0300. Which traditional medicines or home remedies have you given your child?

SELECT ALL THAT APPLY.

SHOW CARD PR2.

- ALBAYALDE (ALBAYAIDLE)..... 01
- AZARCON (RUEDA, CORAL, MARIA LUISA, ALARCON, LIGA, LUIGA).. 02
- BALI GOLI..... 03
- GHASARD..... 04
- GRETA..... 05
- KANDU..... 06
- OTHER (SPECIFY): _____ 94
- OTHER (SPECIFY): _____ 95
- OTHER (SPECIFY): _____ 96
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

HELP SCREEN:

Albayalde: Albayalde is a white powder also known as albayaidle that comes from Mexico, Cuba, Puerto Rico, or other parts of Central or South America that is sometimes given to children for colic or empacho (stomach ache or vomiting).

Azarcon: Azarcon is a bright red-orange powder also known as Rueda, Coral, Maria Luisa, Alarcon, Liga, or Luiga that comes from Mexico, Cuba, Puerto Rico, or other parts of Central or South America that is sometimes given to children for colic or empacho (stomach ache or vomiting).

Bali Goli: Bali Goli is a round, flat bean given in "gripe" water that comes from India or Southeast Asia that is sometimes given to children for colic, stomach ache, or to aid digestion.

Ghasard: Ghasard is a brown powder that comes from India or Southeast Asia that is sometimes given to children for colic, stomach ache, or to aid digestion.

Greta: Greta is a yellow powder that comes from Mexico, Cuba, Puerto Rico, or other parts of Central or South America that is sometimes given to children for colic or empacho (stomach ache or vomiting).

Kandu: Kandu is a red powder that comes from India or Southeast Asia that is sometimes given to children for colic, stomach ache, or to aid digestion.

<u>BEGIN LOOP PR01</u>
<u>LOOP:</u>
■ FOR EACH YES RESPONSE IN AM0300, ASK AM0400.

AM0400.How often did you give your child {READ NAME OF YES RESPONSE}?

- Once a month or less..... 1
- 2-3 times a month..... 2
- Once a week..... 3
- 2-3 times a week..... 4
- 4-6 times a week..... 5
- Every day..... 6
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

<u>END LOOP PR01</u>
<u>LOOP:</u>
■ IF MORE YES RESPONSES, ASK AM0400 AGAIN.
■ IF AM0400 ASKED FOR ALL YES RESPONSES IN AM0300, END LOOP.

AM0500.Since your baby was born, did you give your child any traditional medicines or home remedies to treat a skin condition or rash?

- YES..... 1
- NO..... 2 (AM0800)
- REFUSED..... 9--97 (AM0800)
- DON'T KNOW..... 9--98 (AM0800)

AM0600.Which traditional medicines or home remedies have you given your child?

SELECT ALL THAT APPLY.

SHOW CARD PR3.

- KOHL (ALKOHL, TIRO, SURMA, SAOTT)..... 01
- LITARGIRIO..... 02
- PAYLOOAH (PEJLUAM, PE LUA)..... 03
- OTHER (SPECIFY): _____ 94
- OTHER (SPECIFY): _____ 95
- OTHER (SPECIFY): _____ 96
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

HELP SCREEN:

Kohl: Kohl is a black powder also called Alkohl, Tir, Surma, or Saott that comes from India, Pakistan, the Middle East or Africa that is sometimes used on a child's belly button (umbilical cord) to treat an injury or skin infection.

Litargirio: Litargirio is a yellow or peach colored powder that comes from Mexico, Cuba, Puerto Rico, or other parts of Central or South America that is used as a deodorant or foot powder or as a treatment for burns, cuts, and other conditions.

Paylooah: Paylooah comes from India or Southeast Asia and is sometimes used to treat a rash, fever, or other condition.

BEGIN LOOP PR02

LOOP:

- FOR EACH YES RESPONSE IN AM0600, ASK AM0700.

AM0700.How often did you give your child {READ NAME OF YES RESPONSE}?

- Once a month or less..... 1
- 2-3 times a month..... 2
- Once a week..... 3
- 2-3 times a week..... 4
- 4-6 times a week..... 5
- Every day..... 6
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

END LOOP PR02

LOOP:

- IF MORE YES RESPONSES, ASK AM0700 AGAIN.
- IF AM0700 ASKED FOR ALL YES RESPONSES IN AM0600, END LOOP.

Visit Type: 6 Month
Target: Mother

AM0800. Since your baby was born, did you give your child any traditional medicines or home remedies to treat a fever or infection?

- YES..... 1
- NO..... 2 (AM1100)
- REFUSED..... 9--97 (AM1100)
- DON'T KNOW..... 9--98 (AM1100)

AM0900. Which traditional medicines or home remedies have you given your child?

SELECT ALL THAT APPLY.

SHOW CARD PR4.

- KOHL (ALKOHL, TIRO, SURMA, SAOTT)..... 01
- PAYLOOAH (PEJLUAM, PE LUA)..... 02
- OTHER (SPECIFY): _____ 94
- OTHER (SPECIFY): _____ 95
- OTHER (SPECIFY): _____ 96
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

HELP SCREEN:

Kohl: Kohl is a black powder also called Alkohl, Tir, Surma, or Saott that comes from India, Pakistan, the Middle East or Africa that is sometimes used on a child's belly button (umbilical cord) to treat an injury or skin infection.

Paylooah: Paylooah comes from India or Southeast Asia and is sometimes used to treat a rash, fever, or other condition.

BEGIN LOOP PR03

LOOP:

- FOR EACH YES RESPONSE IN AM0900, ASK AM1000.

AM1000. How often did you give your child {READ NAME OF YES RESPONSE}?

- Once a month or less..... 1
- 2-3 times a month..... 2
- Once a week..... 3
- 2-3 times a week..... 4
- 4-6 times a week..... 5
- Every day..... 6
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

END LOOP PR03

LOOP:

- IF MORE YES RESPONSES, ASK AM1000 AGAIN.
- IF AM1000 ASKED FOR ALL YES RESPONSES IN AM0900, END LOOP.

AM1100.Since your baby was born, did you give your child any traditional medicines or home remedies for any other reason?

- YES..... 1
- NO..... 2 (EOS)
- REFUSED..... 9--97 (EOS)
- DON'T KNOW..... 9--98 (EOS)

AM1200.Which traditional medicines or home remedies have you given your child?

SELECT ALL THAT APPLY.

SHOW CARD PR5.

- ALBAYALDE (ALBAYAIDLE)..... 01
- AZARCON (RUEDA, CORAL, MARIA LUISA, ALARCON, LIGA, LUIGA).. 02
- BALI GOLI..... 03
- GHASARD..... 04
- GRETA..... 05
- KANDU..... 06
- LITARGIRIO..... 02
- KOHL (ALKOHL, TIRO, SURMA, SAOTT)..... 01
- PAYLOOAH (PEJLUAM, PE LUA)..... 02
- OTHER (SPECIFY): _____ 94
- OTHER (SPECIFY): _____ 95
- OTHER (SPECIFY): _____ 96
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

<u>BEGIN LOOP PR04</u>
<u>LOOP:</u>
■ FOR EACH YES RESPONSE IN AM1200, ASK AM1300 AND AM1400.

AM1300.What was the reason you gave your child {READ NAME OF YES RESPONSE}?

REASON

- REFUSED..... 9--97
- DON'T KNOW..... 9--98

AM1400.How often did you give your child {READ NAME OF YES RESPONSE}?

- Once a month or less..... 1
- 2-3 times a month..... 2
- Once a week..... 3
- 2-3 times a week..... 4
- 4-6 times a week..... 5
- Every day..... 6
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

END LOOP PR04

LOOP:

- IF MORE YES RESPONSES, ASK AM1300-AM1400 AGAIN.
- IF AM1300-AM1400 ASKED FOR ALL YES RESPONSES IN AM1200, END LOOP.

6-Month Mother Interview: Product Use

PR0100. These questions ask about some different types of products you may have used to take care of yourself, your family, or your home. Please choose your answer from one of these categories.

SHOW CARD PR1.

PR0200. Since your baby was born, how often have the following products been used in your home:

SHOW CARD PR1.

	EVERY DAY	A FEW TIMES A WEEK	ABOUT ONCE A WEEK	1-3 TIMES A MONTH	LESS THAN ONCE A MONTH	NOT AT ALL	REF	DK
a. Bleach?.....	01	02	03	04	05	06	9--97	9--98
b. Disinfectants other than bleach, such as Lysol?.....	01	02	03	04	05	06	9--97	9--98
c. Window or glass cleaner?.....	01	02	03	04	05	06	9--97	9--98
d. Carpet cleaner?.....	01	02	03	04	05	06	9--97	9--98
e. Any type of air fresheners including spray, stick, aerosol, or plug-in?.....	01	02	03	04	05	06	9--97	9--98
f. Other aerosols or sprays of any kind, including hair spray?.....	01	02	03	04	05	06	9--97	9--98
g. Paint or varnish?.....	01	02	03	04	05	06	9--97	9--98
h. Turpentine, mineral spirits, or paint thinner?.....	01	02	03	04	05	06	9--97	9--98
i. Other types of paint stripper?.....	01	02	03	04	05	06	9--97	9--98

PR0300. Since your baby was born, about how often have candles or incense been burned inside your home?

Every day,.....	01
A few times a week,.....	02
About once a week,.....	03
1-3 times a month,	04
Less than once a month, or.....	05
Not at all?.....	06
REFUSED.....	9--97
DON'T KNOW.....	9--98

Visit Type: 6 Month

Target: Mother

PR0400. Since your baby was born, about how often have you used **scented** products for your home such as scented laundry detergents, fabric softener, or dish soaps? Do not include air fresheners, candles, or incense.

- Every day,..... 01
- A few times a week,..... 02
- About once a week,..... 03
- 1-3 times a month, 04
- Less than once a month, or..... 05
- Not at all?..... 06
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

PR0500. The next questions ask about the types of diapers you use on your child.

PR0600. Since your baby was born, about how often did you put each of the following types of diapers on your child? Fill in one circle for each statement that describes a type of diaper.

	<u>NEVER</u>	<u>SOMETIMES</u>	<u>ABOUT HALF OF THE TIME</u>	<u>MOST OF THE TIME</u>	<u>ALWAYS</u>	<u>RF</u>	<u>DK</u>
Disposable diapers.....	1	2	3	4	5	9--97	9--98
Cloth diapers cleaned by a professional diaper service.....	1	2	3	4	5	9--97	9--98
Cloth diapers cleaned at home.....	1	2	3	4	5	9--97	9--98

PR0700. Since your baby was born, about how often did you use each of the following types of baby wipes on your child? Fill in one circle for each statement that describes a type of baby wipe.

	<u>NEVER</u>	<u>OCCASIONALLY</u>	<u>OFTEN</u>	<u>ALWAYS</u>	<u>RF</u>	<u>DK</u>
Scented Baby Wipes.....	1	2	3	4	9--97	9--98
Unscented Baby Wipes.....	1	2	3	4	9--97	9--98

PR0900. Does {CHILD} use a pacifier?

- YES..... 1
- NO..... 2 (BOX PR01)
- REFUSED..... 9--97 (BOX PR01)
- DON'T KNOW..... 9--98 (BOX PR01)

PR1000. How many hours a day does {CHILD} use {his/her} pacifier?

- Less than 1 hour,..... 1
- 1-2 hours,..... 2
- 2-5 hours, or..... 3
- 6 or more hours?..... 4
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

<u>BOX PR01</u>
CHECK ITEM:
<ul style="list-style-type: none"> ■ IF R NEVER BREASTFED, GO TO PR1300. ■ OTHERWISE, CONTINUE.

PR1100. Since your baby was born, about how often did you put a breast nipple cream, salve, or balm on your nipples to prevent or treat sore or tender nipples?

- Every day when breastfeeding,..... 01
- A few times a week when breastfeeding,..... 02
- About once a week when breastfeeding,..... 03
- 1-3 times a month when breastfeeding..... 04
- Less than once a month when breastfeeding, or..... 05
- Not at all?..... 06 (PR1000)
- REFUSED..... 9-97 (PR1000)
- DON'T KNOW..... 9-98 (PR1000)

PR1200. Which of the following types of breast nipple cream, salve, or balm did you use most often on your breasts?

- A petroleum based product such as Vaseline,..... 01
- A lanolin based product,..... 02
- Soothing gel pads, or 03
- Other type of product? (SPECIFY:)_____ 04
- Less than once a month, or..... 05
- Not at all?..... 06
- REFUSED..... 9-97
- DON'T KNOW..... 9-98

PR1300. Since your baby was born, about how often have you used any insect repellent spray, lotion, or towelettes on {CHILD}?

- Every day,..... 01
- A few times a week,..... 02
- About once a week,..... 03
- 1-3 times a month, 04
- Less than once a month, or..... 05
- Not at all?..... 06
- REFUSED..... 9-97
- DON'T KNOW..... 9-98

Visit Type: 6 Month
Target: Mother

PR1400. Did the insect repellent contain DEET? (DEET is usually listed next to the name of the product or in the ingredient list on the label.)

- YES..... 1
- NO..... 2
- USED BOTH REPELLENT WITH DEET AND WITHOUT DEET..... 3
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

PR1500. Since your baby was born, have you treated {CHILD} or other people in your home for lice or scabies?

- YES..... 1
- NO..... 2 (EOS)
- REFUSED..... 9--97 (EOS)
- DON'T KNOW..... 9--98 (EOS)

PR1600. Who did you treat, was it {CHILD}, someone else, or both?

- BABY..... 1
- SOMEONE ELSE..... 2
- BOTH BABY AND SOMEONE ELSE.....
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

PR1700. What product did you use to treat lice or scabies?

PROBE: Anything else?

SELECT ALL THAT APPLY.

- NIX..... 01
- RID..... 02
- GENERIC/DRUGSTORE BRAND LICE/SCABIES PRODUCT..... 03
- ELIMITE..... 04
- ACTICIN..... 05
- EURAX..... 06
- KWELL/KWELLEDA..... 07
- OVIDE..... 08
- STROMECTOL..... 09
- OTHER (SPECIFY: _____) 94
- OTHER (SPECIFY: _____) 95
- OTHER (SPECIFY: _____) 96
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

6-Month Mother Interview: In-Home Exposures

EX0100. Now I'd like to ask about any pets you may have in your home.

EX0200. Are there any pets that spend any time inside your home?

- YES..... 1
- NO..... 2 (EX0900)
- REFUSED..... 9--97 (EX0900)
- DON'T KNOW..... 9--98 (EX0900)

EX0300. What kind of pets are these?

SELECT ALL THAT APPLY.

- DOG..... 01
- CAT..... 02
- SMALL MAMMAL (RABBIT, GERBIL, HAMSTER, GUINEA PIG,
FERRET, MOUSE)..... 03
- BIRD..... 04
- FISH OR REPTILE (TURTLE, SNAKE, LIZARD)..... 05
- OTHER (SPECIFY): _____ 94
- OTHER (SPECIFY): _____ 95
- OTHER (SPECIFY): _____ 96
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

EX0400. Are any products ever used on your pets to control fleas, ticks, or mites? This includes flea collars, flea and tick powders, shampoos, or other flea, tick and mite control products. (This does not include pills given to your pet to control for fleas or other insects.)

- YES..... 1
- NO..... 2 (EX0700)
- REFUSED..... 9--97 (EX0700)
- DON'T KNOW..... 9--98 (EX0700)

EX0500. When were any of these last used on any of your pets:

- Within the last month,..... 1
- 1-3 months ago,..... 2
- 4-6 months ago, or..... 3
- More than 6 months ago?..... 4
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

EX0600. What are the names of the products used on your pets to control fleas, ticks, or mites? Please show me the products or containers if you have them.

ENTER PRODUCT NAME FROM LIST

- REFUSED..... 9--97
- DON'T KNOW..... 9--98

EX0700. Do any of your pets go in the room where your baby sleeps most of the time?

- YES..... 1
- NO..... 2
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

EX0800. Do any of your pets sleep on the same bedding as your baby?

- YES..... 1
- NO..... 2
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

EX0900. QUESTION DELETED

EX1000. QUESTION DELETED

EX1100. QUESTION DELETED

EX1200. QUESTION DELETED

EX1300. Thinking about the past 7 days, approximately how many hours a day did you keep the windows or doors open in your home (for ventilation or to let air in)? Was it:

- Less than 1 hour per day,..... 1
- 1-3 hours per day,..... 2
- 4-12 hours per day,..... 3
- More than 12 hours per day, or..... 4
- Not at all?..... 5
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

Visit Type: 6 Month
Target: Mother

EX1400. I would now like to ask about products that may have been used in your home or yard to control for ants, termites, cockroaches, bees, wasps, moths, or other insects during the past 6 months.

EX1500. When were any pesticides last used inside or outside your home to control for insects?

- Within the last month,..... 1
- 1-3 months ago,..... 2
- 4-6 months ago,..... 3
- More than 6 months ago, or..... 4 (EX2000)
- Never?..... 5 (EX2000)
- REFUSED..... 9--97 (EX2000)
- DON'T KNOW..... 9--98 (EX2000)

EX1600. In preparation for this interview, we asked that you gather together the pesticide cans or containers that have been used in the last 6 months. You may also have letters from building maintenance about pesticide application, or receipts from the exterminator that list which products were used. Please show me, or tell me the names of the products that have been used within the last 6 months, either indoors or outdoors, to treat for insects?

INTERVIEWER INSTRUCTION:
SELECT WITHOUT ASKING IF PRODUCT, LETTER, OR RECEIPT IS PROVIDED.

PRODUCT NAME FROM LIST

REGISTRATION NUMBER IF KNOWN

- REFUSED.....9--97 (EOS)
- DON'T KNOW.....9--98 (EOS)

<u>BEGIN LOOP EX01</u>
<u>LOOP:</u>
<ul style="list-style-type: none"> ■ CYCLE THROUGH EX1700-EX1900 FOR ALL INSECTICIDE PRODUCTS LISTED IN EX1600.

EX1700. How was the {PRODUCT} applied?

SELECT ALL THAT APPLY.

INTERVIEWER INSTRUCTION:
SELECT WITHOUT ASKING IF PRODUCT IS PROVIDED.

- SPRAY..... 01
- BOMB..... 02
- POWDER..... 03
- STRIP..... 04
- MOTH BALLS..... 05
- FOAM..... 06
- OTHER (SPECIFY):_____ 96
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

Visit Type: 6 Month
Target: Mother

EX1800. Which of the following areas of your home were treated with {PRODUCT}? Was it...

INTERVIEWER INSTRUCTION:
SELECT "NA" FOR EACH ROOM OR AREA R REPORTS THAT THEY DO NOT HAVE.

	<u>YES</u>	<u>NO</u>	<u>NA</u>	<u>RE</u>	<u>DK</u>
a. The common living area, that is the room other than bedroom or kitchen where you spend most of your time?.....	1	2	3	9--97	9--98
b. The kitchen?.....	1	2	3	9--97	9--98
c. Your bedroom?.....	1	2	3	9--97	9--98
d. The basement?.....	1	2	3	9--97	9--98
e. Any other rooms?.....	1	2	3	9--97	9--98
f. Outdoors, around the walls of your house or building?.....	1	2	3	9--97	9--98
g. Outdoors, in the garden or yard?.....	1	2	3	9--97	9--98
h. (IF R LIVES IN SINGLE FAMILY HOME, RECORD "NA" WITHOUT ASKING) Common areas inside building but outside of your home or apartment (public foyer or hallway, etc.)?.....	1	2	3	9--97	9--98

EX1900. How often was the {PRODUCT} used in the past 6 months:

- More than once a month, or..... 1
- Once a month or less?..... 2
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

END LOOP EX01

LOOP:

- CYCLE THROUGH EX1700-EX1900 FOR NEXT INSECTICIDE PRODUCT.
- IF NO MORE PRODUCTS, GO TO EX3300.

EX2000. QUESTION DELETED

EX2100. QUESTION DELETED

EX2200. QUESTION DELETED

EX2300. QUESTION DELETED

EX2400. QUESTION DELETED

EX2500. QUESTION DELETED

EX2600. QUESTION DELETED

EX2700. QUESTION DELETED

EX2800. QUESTION DELETED

EX2900. QUESTION DELETED

EX3000. QUESTION DELETED

EX3100. QUESTION DELETED

EX3200. QUESTION DELETED

EX3300. Now, a couple of questions about your neighborhood.

EX3400. In your opinion, is your neighborhood...

- A very good place to live,..... 1
- A fairly good place to live,..... 2
- Not a very good place to live, or..... 3
- Not at all a good place to live?..... 4
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

EX3500. Do you feel that your neighborhood is...

- Very safe,..... 1
- Somewhat safe,..... 2
- Somewhat unsafe, or..... 3
- Very unsafe?..... 4
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

6-Month Mother Interview: Occupation and Take Home Exposures

OX0100.Next, I'd like to ask about some questions about work. People's work situations sometimes change after having a baby.

OX0200.Just before you gave birth to your baby, were you employed at a job or business?

- YES..... 1
- NO..... 2 (EOS)
- REFUSED..... 9--97 (EOS)
- DON'T KNOW..... 9--98 (EOS)

OX0300.Have you returned to work, or are you currently on maternity leave from this job? Please look at this card and tell me which category best describes your work situation.

SHOW CARD OX1.

- RETURNED TO WORK..... 1 (BOX OX01)
- UNPAID LEAVE..... 2
- PAID LEAVE..... 3
- LEFT THE POSITION..... 4
- LOOKING FOR WORK..... 5
- OTHER (SPECIFY): _____ 6 (EOS)
- REFUSED..... 9--97 (EOS)
- DON'T KNOW..... 9--98 (EOS)

OX0400.QUESTION DELETED

OX0500.QUESTION DELETED

BOX OX01

CHECK ITEM:

- IF OX0300 = "1", CONTINUE WITH OX0600.
- OTHERWISE, GO TO EOS.

OX0600.On what date did you return to work?

_	_	_	_	_	_	_	_
MM		DD		YYYY			

- REFUSED..... 9--97
- DON'T KNOW..... 9--98

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OX0700.Are you currently working full-time or part-time?

- FULL-TIME..... 1 (OX0900)
- PART-TIME..... 2
- REFUSED..... 9--97 (OX0900)
- DON'T KNOW..... 9--98 (OX0900)

OX0800.How many hours per week do you work?

|_|_|
HOURS

- REFUSED..... 9--97
- DON'T KNOW..... 9--98

OX0900.QUESTION DELETED

OX1000.QUESTION DELETED

OX1100.QUESTION DELETED

OX1200.QUESTION DELETED

OX1300.QUESTION DELETED

OX1400.QUESTION DELETED

OX1500.QUESTION DELETED

OX1600.QUESTION DELETED

6-Month Mother Interview: Maternal Depression

MD001. Now, I will read a list of the ways you might have felt or behaved. Please look at this card, and tell me how often you have felt this way during the past week.

SHOW CARD MD1.

MD002. I was bothered by things that usually don't bother me.

SHOW CARD MD1.

- RARELY OR NONE OF THE TIME (LESS THAN ONE DAY)..... 1
- SOME OR A LITTLE OF THE TIME (1-2 DAYS)..... 2
- OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS).... 3
- MOST OR ALL OF THE TIME (5-7 DAYS)..... 4
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

MD003. I did not feel like eating; my appetite was poor.

SHOW CARD MD1.

- RARELY OR NONE OF THE TIME (LESS THAN ONE DAY)..... 1
- SOME OR A LITTLE OF THE TIME (1-2 DAYS)..... 2
- OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS).... 3
- MOST OR ALL OF THE TIME (5-7 DAYS)..... 4
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

MD004. I felt that I could not shake off the blues even with help from my family or friends.

SHOW CARD MD1.

- RARELY OR NONE OF THE TIME (LESS THAN ONE DAY)..... 1
- SOME OR A LITTLE OF THE TIME (1-2 DAYS)..... 2
- OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS).... 3
- MOST OR ALL OF THE TIME (5-7 DAYS)..... 4
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

MD005. I felt that I was just as good as other people.

SHOW CARD MD1.

- RARELY OR NONE OF THE TIME (LESS THAN ONE DAY)..... 1
- SOME OR A LITTLE OF THE TIME (1-2 DAYS)..... 2
- OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS).... 3
- MOST OR ALL OF THE TIME (5-7 DAYS)..... 4
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

MD006. I had trouble keeping my mind on what I was doing.

SHOW CARD MD1.

- RARELY OR NONE OF THE TIME (LESS THAN ONE DAY)..... 1
- SOME OR A LITTLE OF THE TIME (1-2 DAYS)..... 2
- OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS).... 3
- MOST OR ALL OF THE TIME (5-7 DAYS)..... 4
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

MD007. I felt depressed.

SHOW CARD MD1.

- RARELY OR NONE OF THE TIME (LESS THAN ONE DAY)..... 1
- SOME OR A LITTLE OF THE TIME (1-2 DAYS)..... 2
- OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS).... 3
- MOST OR ALL OF THE TIME (5-7 DAYS)..... 4
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

MD008. I felt that everything I did was an effort.

SHOW CARD MD1.

- RARELY OR NONE OF THE TIME (LESS THAN ONE DAY)..... 1
- SOME OR A LITTLE OF THE TIME (1-2 DAYS)..... 2
- OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS).... 3
- MOST OR ALL OF THE TIME (5-7 DAYS)..... 4
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

MD009. I felt hopeful about the future.

SHOW CARD MD1.

- RARELY OR NONE OF THE TIME (LESS THAN ONE DAY)..... 1
- SOME OR A LITTLE OF THE TIME (1-2 DAYS)..... 2
- OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS).... 3
- MOST OR ALL OF THE TIME (5-7 DAYS)..... 4
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

MD010. I thought my life had been a failure.

SHOW CARD MD1.

- RARELY OR NONE OF THE TIME (LESS THAN ONE DAY)..... 1
- SOME OR A LITTLE OF THE TIME (1-2 DAYS)..... 2
- OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS).... 3
- MOST OR ALL OF THE TIME (5-7 DAYS)..... 4
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

MD011. I felt fearful.

SHOW CARD MD1.

- RARELY OR NONE OF THE TIME (LESS THAN ONE DAY)..... 1
- SOME OR A LITTLE OF THE TIME (1-2 DAYS)..... 2
- OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS).... 3
- MOST OR ALL OF THE TIME (5-7 DAYS)..... 4
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

MD012. My sleep was restless.

SHOW CARD MD1.

- RARELY OR NONE OF THE TIME (LESS THAN ONE DAY)..... 1
- SOME OR A LITTLE OF THE TIME (1-2 DAYS)..... 2
- OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS).... 3
- MOST OR ALL OF THE TIME (5-7 DAYS)..... 4
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

MD013. I was happy.

SHOW CARD MD1.

- RARELY OR NONE OF THE TIME (LESS THAN ONE DAY)..... 1
- SOME OR A LITTLE OF THE TIME (1-2 DAYS)..... 2
- OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS).... 3
- MOST OR ALL OF THE TIME (5-7 DAYS)..... 4
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

MD014. I talked less than usual.

SHOW CARD MD1.

- RARELY OR NONE OF THE TIME (LESS THAN ONE DAY)..... 1
- SOME OR A LITTLE OF THE TIME (1-2 DAYS)..... 2
- OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS).... 3
- MOST OR ALL OF THE TIME (5-7 DAYS)..... 4
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

MD015. I felt lonely.

SHOW CARD MD1.

- RARELY OR NONE OF THE TIME (LESS THAN ONE DAY)..... 1
- SOME OR A LITTLE OF THE TIME (1-2 DAYS)..... 2
- OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS).... 3
- MOST OR ALL OF THE TIME (5-7 DAYS)..... 4
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

MD016. People were unfriendly.

SHOW CARD MD1.

- RARELY OR NONE OF THE TIME (LESS THAN ONE DAY)..... 1
- SOME OR A LITTLE OF THE TIME (1-2 DAYS)..... 2
- OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS).... 3
- MOST OR ALL OF THE TIME (5-7 DAYS)..... 4
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

MD017. I enjoyed life.

SHOW CARD MD1.

- RARELY OR NONE OF THE TIME (LESS THAN ONE DAY)..... 1
- SOME OR A LITTLE OF THE TIME (1-2 DAYS)..... 2
- OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS).... 3
- MOST OR ALL OF THE TIME (5-7 DAYS)..... 4
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

MD018. I had crying spells.

SHOW CARD MD1.

- RARELY OR NONE OF THE TIME (LESS THAN ONE DAY)..... 1
- SOME OR A LITTLE OF THE TIME (1-2 DAYS)..... 2
- OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS).... 3
- MOST OR ALL OF THE TIME (5-7 DAYS)..... 4
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

MD019. I felt sad.

SHOW CARD MD1.

- RARELY OR NONE OF THE TIME (LESS THAN ONE DAY)..... 1
- SOME OR A LITTLE OF THE TIME (1-2 DAYS)..... 2
- OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS).... 3
- MOST OR ALL OF THE TIME (5-7 DAYS)..... 4
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

MD020. I felt that people dislike me.

SHOW CARD MD1.

- RARELY OR NONE OF THE TIME (LESS THAN ONE DAY)..... 1
- SOME OR A LITTLE OF THE TIME (1-2 DAYS)..... 2
- OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS).... 3
- MOST OR ALL OF THE TIME (5-7 DAYS)..... 4
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

MD021. I could not get "going."

SHOW CARD MD1.

- RARELY OR NONE OF THE TIME (LESS THAN ONE DAY)..... 1
- SOME OR A LITTLE OF THE TIME (1-2 DAYS)..... 2
- OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS).... 3
- MOST OR ALL OF THE TIME (5-7 DAYS)..... 4
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

6-Month Mother Interview: Social Support

SS0100. The following statements are about the help and support you have. Please look at the card, and for each statement, tell me which category best describes how you feel.

SHOW CARD SS1.

SS0200. You have no one to share your feelings with.

SHOW CARD SS1.

- THIS IS EXACTLY HOW I FEEL..... 1
- THIS IS OFTEN HOW I FEEL..... 2
- THIS IS HOW I SOMETIMES FEEL..... 3
- I NEVER FEEL THIS WAY..... 4
- DON'T HAVE A PARTNER..... 5
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

SS0300. Your partner provides the emotional support you need.

SHOW CARD SS1.

- THIS IS EXACTLY HOW I FEEL..... 1
- THIS IS OFTEN HOW I FEEL..... 2
- THIS IS HOW I SOMETIMES FEEL..... 3
- I NEVER FEEL THIS WAY..... 4
- DON'T HAVE A PARTNER..... 5
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

SS0400. There are other mothers with whom you can share your experiences.

SHOW CARD SS1.

- THIS IS EXACTLY HOW I FEEL..... 1
- THIS IS OFTEN HOW I FEEL..... 2
- THIS IS HOW I SOMETIMES FEEL..... 3
- I NEVER FEEL THIS WAY..... 4
- DON'T HAVE A PARTNER..... 5
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

SS0500. You believe in moments of difficulty, your neighbors would help you.

SHOW CARD SS1.

- THIS IS EXACTLY HOW I FEEL..... 1
- THIS IS OFTEN HOW I FEEL..... 2
- THIS IS HOW I SOMETIMES FEEL..... 3
- I NEVER FEEL THIS WAY..... 4
- DON'T HAVE A PARTNER..... 5
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

SS0600. You are worried that your partner might leave you.

SHOW CARD SS1.

- THIS IS EXACTLY HOW I FEEL..... 1
- THIS IS OFTEN HOW I FEEL..... 2
- THIS IS HOW I SOMETIMES FEEL..... 3
- I NEVER FEEL THIS WAY..... 4
- DON'T HAVE A PARTNER..... 5
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

SS0700. There is always someone with whom you can share your happiness and excitement about your baby.

SHOW CARD SS1.

- THIS IS EXACTLY HOW I FEEL..... 1
- THIS IS OFTEN HOW I FEEL..... 2
- THIS IS HOW I SOMETIMES FEEL..... 3
- I NEVER FEEL THIS WAY..... 4
- DON'T HAVE A PARTNER..... 5
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

SS0800. If you feel tired, you can rely on your partner to take over.

SHOW CARD SS1.

- THIS IS EXACTLY HOW I FEEL..... 1
- THIS IS OFTEN HOW I FEEL..... 2
- THIS IS HOW I SOMETIMES FEEL..... 3
- I NEVER FEEL THIS WAY..... 4
- DON'T HAVE A PARTNER..... 5
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

SS0900. If you were in financial difficulty, you know your family would help if they could.

SHOW CARD SS1.

- THIS IS EXACTLY HOW I FEEL..... 1
- THIS IS OFTEN HOW I FEEL..... 2
- THIS IS HOW I SOMETIMES FEEL..... 3
- I NEVER FEEL THIS WAY..... 4
- DON'T HAVE A PARTNER..... 5
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

SS1000. If you were in financial difficulty, you know your friends would help if they could.

SHOW CARD SS1.

- THIS IS EXACTLY HOW I FEEL..... 1
- THIS IS OFTEN HOW I FEEL..... 2
- THIS IS HOW I SOMETIMES FEEL..... 3
- I NEVER FEEL THIS WAY..... 4
- DON'T HAVE A PARTNER..... 5
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

SS1100. How much help would you say you have had with the following since having your baby? Please look at the card and tell me how much help you have had with:

	<u>A LOT</u> <u>OF HELP</u>	<u>SOME</u> <u>HELP</u>	<u>HARDLY</u> <u>ANY HELP</u>	<u>NO HELP</u> <u>AT ALL</u>	<u>RE</u>	<u>DK</u>
a. Shopping?..... 98	1	2	3	4	9--97	9--
b. Cleaning your home?..... 98	1	2	3	4	9--97	9--
c. Preparing meals?..... 98	1	2	3	4	9--97	9--
d. Doing dishes?..... 98	1	2	3	4	9--97	9--
e. Changing diapers?..... 98	1	2	3	4	9--97	9--
f. Washing the clothes?..... 98	1	2	3	4	9--97	9--

SS1200. Overall, do you feel you have received:

- Too much help..... 1
- The right amount of help..... 2
- Too little help..... 3
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

6-Month Mother Interview: Financial Security

FS0100. The next few questions are about whether you feel you have enough money for yourself and the people in your house

FS0200. At this time, do you feel you are able to afford a home suitable for yourself and your family?

- YES..... 1
- NO..... 2
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

FS0300. Do you feel you are able to afford the furniture or household equipment that you need at this time?

- YES..... 1
- NO..... 2
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

FS0400. Do you feel you are you able to afford the kind of car you need?

- YES..... 1
- NO..... 2
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

FS0500. At this time, do you have enough money for the kind of food you think you and your family should have?

- YES..... 1
- NO..... 2
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

FS0600. Do you have enough money for the kind of medical care you and your family should have?

- YES..... 1
- NO..... 2
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

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70**

FS0700. At this time, do you have enough money for the kind of clothing you and your family should have?

- YES..... 1
- NO..... 2
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

FS0800. Do you have enough money for the leisure activities you and your family want?

- YES..... 1
- NO..... 2
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

FS0900. How difficult is it for you and your family to pay your bills?

- Very difficult,..... 1
- Somewhat difficult,..... 2
- Not very difficult, or..... 3
- Not difficult at all?..... 4
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

FS1000. At the end of the month, how much money would you say you end up with?

- Not enough money,..... 1
- Just enough money,..... 2
- Some money left over, or..... 3
- A lot of money left over?..... 4
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

FS1400. Since your baby was born, did you receive benefits from the WIC program, that is, the Women, Infants and Children program?

- YES..... 1
- NO..... 2
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

FS1500. Since your baby was born, did you or any members of your household receive Food Stamps (which includes a food stamp card or voucher, or cash grants from the state for food)?

- YES..... 1
- NO..... 2
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

Visit Type: 6 Month

Target: Mother

FS1600. Since your baby was born, have you or any members of your household received TANF or welfare?

- YES..... 1
- NO..... 2
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

6-Month Mother Interview: Household Composition and Demographics Part 2

DM0100.These next questions are about the language spoken in your home.

DM0200.Is there any language other than English regularly spoken in your home?

- YES..... 1
- NO..... 2 (DM0700)
- REFUSED..... 9--97 (DM0700)
- DON'T KNOW..... 9--98 (DM0700)

DM0300.What languages other than English are spoken in your home?

SELECT ALL THAT APPLY.

- ARABIC..... 1
- CHINESE..... 2
- FILIPINO LANGUAGE..... 3
- FRENCH..... 4
- GERMAN..... 5
- GREEK..... 6
- ITALIAN..... 7
- JAPANESE..... 8
- KOREAN..... 9
- POLISH..... 10
- PORTUGUESE..... 11
- SPANISH..... 12
- VIETNAMESE..... 13
- SIGN LANGUAGE..... 14
- SOME OTHER LANGUAGE (SPECIFY): _____ 96
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

DM0400.Is English also spoken in your home?

- YES..... 1
- NO..... 2
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

BOX DM01

CHECK ITEM:

- IF DM0300 HAS MORE THAN ONE LANGUAGE SELECTED OR DM0400 = 1 (ENGLISH ALSO SPOKEN IN HOME), CONTINUE WITH DM0500.
- OTHERWISE, GO TO DM0600.

DM0500.What is the primary language spoken in your home?

ENGLISH.....	0
ARABIC.....	1
CHINESE.....	2
FILIPINO LANGUAGE.....	3
FRENCH.....	4
GERMAN.....	5
GREEK.....	6
ITALIAN.....	7
JAPANESE.....	8
KOREAN.....	9
POLISH.....	10
PORTUGUESE.....	11
SPANISH.....	12
VIETNAMESE.....	13
SIGN LANGUAGE.....	14
CANNOT CHOOSE.....	15
SOME OTHER LANGUAGE (SPECIFY): _____	96
REFUSED.....	9--97
DON'T KNOW.....	9--98

DM0600.{How often do you use {{NON-ENGLISH LANGUAGE} / a language other than English} in speaking to your {BABY?}/On average, how often do you use all languages, other than English, in speaking to {CHILD}?} Would you say...

PROBE: We just need to know in general.

Never,.....	1
Sometimes,.....	2
Often, or	3
Very often?.....	4
REFUSED.....	9--97
DON'T KNOW.....	9--98

DM0700.QUESTION DELETED

DM0800.QUESTION DELETED

DM0900.QUESTION DELETED

DM1000.QUESTION DELETED

DM1100.QUESTION DELETED

DM1200.QUESTION DELETED

DM1300.QUESTION DELETED

DM1400.QUESTION DELETED

DM1500.Family income is important in analyzing the data we collect and is often used in scientific studies to compare groups of people who are similar. Please remember that all the data you provide is confidential.

DM1600.Of these income groups, which category best represents {your/the total combined family} income during {LAST CALENDAR YEAR}? Remember, a family is a group of two or more people who live together and who are related by birth, marriage, or adoption.

- Less than \$4,999..... 01
- \$5,000-\$9,999..... 02
- \$10,000-\$19,999..... 03
- \$20,000-\$29,999..... 04
- \$30,000-\$39,999..... 05
- \$40,000-\$49,999..... 06
- \$50,000-\$74,999..... 07
- \$75,000-\$99,999..... 08
- \$100,000-\$199,000..... 09
- \$200,000 or more..... 10
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

DM1700.Thinking about all {your/your family's} sources of income, was your total family income in {LAST CALENDAR YEAR} before taxes:

PROBE: Please note, a family is a group of two or more people who live together and who are related by birth, marriage, or adoption.

- \$20,000 or more, or..... 1
- Less than \$20,000?..... 2
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

DM1800.Are there any other family members, not living in this household, who are also supported by this income?

- YES..... 1
- NO..... 2 (EOS)
- REFUSED..... 9--97 (EOS)
- DON'T KNOW..... 9--98 (EOS)

Visit Type: 6 Month

Target: Mother

DM1900.How many other family members, not living in this household, are supported by this income?

NUMBER

REFUSED..... 9--97

DON'T KNOW..... 9--98

6-Month Mother Interview: Tracing Information

TR0100. Finally, I need to ask you a few questions so that staff from the National Children's Study may contact you again.

TR0200. Sometimes if people move or change their telephone number, we have difficulty reaching them. Could I have the names and telephone numbers of 1 or 2 friends or relatives not currently living with you who should know where you could be reached in case we have trouble contacting you?

- YES..... 1
- NO..... 2 (TR1100)
- REFUSED..... 9--97 (TR1100)
- DON'T KNOW..... 9--98 (TR1100)

TR0300. I'd like to collect some basic contact information on this person/these people. What is the first person's name?

INTERVIEWER INSTRUCTION:
CONFIRM SPELLING OF FIRST AND LAST NAMES.

- | | | |
|-----------------|-----------|----------|
| _____ | _____ | |
| FIRST NAME | LAST NAME | |
| | | |
| REFUSED..... | 9--97 | (TR1100) |
| DON'T KNOW..... | 9--98 | (TR1100) |

TR0400. What is his/her relationship to you?

- MOTHER/FATHER..... 01
- BROTHER/SISTER..... 02
- AUNT/UNCLE..... 03
- GRANDPARENT..... 04
- NEIGHBOR..... 05
- FRIEND..... 06
- OTHER (SPECIFY): _____ 96
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

TR0500. What is his/her address?

INTERVIEWER INSTRUCTIONS:
PROMPT AS NECESSARY TO COMPLETE INFORMATION

STREET

CITY

____|____| ____|____|____|____|
STATE ZIP CODE

REFUSED..... 9--97
DON'T KNOW..... 9--98

TR0600. What is his/her telephone number?

|_|_|_|-|_|_|_|-|_|_|_|_|
PHONE NUMBER

NONE..... 9--91
REFUSED..... 9--97
DON'T KNOW..... 9--98

TR0700. Now I'd like to collect information on a second contact. What is this person's name?

INTERVIEWER INSTRUCTION:
CONFIRM SPELLING OF FIRST AND LAST NAMES.

FIRST NAME LAST NAME

REFUSED..... 9--97 (TR1100)
DON'T KNOW..... 9--98 (TR1100)

TR0800. What is his/her relationship to you?

MOTHER/FATHER..... 01
BROTHER/SISTER..... 02
AUNT/UNCLE..... 03
GRANDPARENT..... 04
NEIGHBOR..... 05
FRIEND..... 06
OTHER (SPECIFY): _____ 96
REFUSED..... 9--97
DON'T KNOW..... 9--98

TR0900 What is his/her address?

INTERVIEWER INSTRUCTIONS:
PROMPT AS NECESSARY TO COMPLETE INFORMATION

STREET

CITY

STATE

ZIP CODE

REFUSED..... 9--97 (TR1100)
DON'T KNOW..... 9--98

TR1000. What is his/her telephone number?

PHONE NUMBER

NONE..... 9--91
REFUSED..... 9--97
DON'T KNOW..... 9--98

TR1100. QUESTION DELETED

TR1200. Thank you for answering these questions. This completes the interview portion of the visit.