

9-Month Phone Interview

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-xxxx*). Do not return the completed form to this address.

9-Month Phone Interview

TC0100. I'm calling today just to gather some information about you and {CHILD}.

TC2000. I'll begin by asking about your baby's personality and development. You may notice your baby's personality developing now that {he/she} is 9 months old. Overall, would you describe your baby as...

	<u>YES</u>	<u>NO</u>	<u>RF</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

TC2200. 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>RF</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

TC2300. 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.

TC2400. 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 (TC2800)
 REFUSED..... 9--97 (TC2800)
 DON'T KNOW..... 9--98 (TC2800)

TC2500. 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?

 HOURS

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

TC2600. 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. 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. Including all of these arrangements, how many total hours each week does {CHILD} receive care from non-relatives in a home setting?

 HOURS

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

TC2700. I'd like you to think about all the care your child receives from child care centers. For example, day care centers, early learning centers, nursery schools, and preschools. 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?

 HOURS

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

TC2800. Since {MONTH}, 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

TC2900. Are you using the Infant Medical Care Log? This is the booklet that you or your doctor uses to record information about your child's doctor visits.

YES.....	1	(BOX TC01)
NO.....	2	
REFUSED.....	9-97	(BOX TC01)
DON'T KNOW.....	9-98	(BOX TC01)

TC3000 Is that because...

You haven't had a medical visit since our last visit with you,.....	1
You've misplaced the log, or.....	2
You've forgotten to bring it to your medical visits?.....	3
OTHER (SPECIFY):.....	6
REFUSED.....	9-97
DON'T KNOW.....	9-98

BOX TC01

CHECK ITEM:

- IF RESPONDENT LOST THE INFANT MEDICAL CARE LOG TC3000 = "2"
CONTINUE WITH TC3100.
- IF RESPONDENT REFUSED INFANT MEDICAL CARE PROVIDER LOG, GO
TO TC3300.
- IF RESPONDENT NOT USING INFANT MEDICAL CARE LOG FOR ANY
REASON OTHER THAN LOSS OR NO MEDICAL VISITS TC3000 IN
("3", "6", "7", "8"), GO TO TC3200.
- OTHERWISE, GO TO TC3300.

TC3100. We'll get another Infant Medical Care Log in the mail to you today.

TC3200. This information is very important to the study. Please keep the log in a safe place and bring the log with you to all of your child's medical visits.

TC3300. 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 the medical care log available, please go and get it now.

TC3400. Since {MONTH} has {CHILD} seen a doctor or health care provider for any reason?

YES..... 1
 NO..... 2 (BOX TC02)
 REFUSED..... 9--97 (BOX TC02)
 DON'T KNOW..... 9--98 (BOX TC02)

BEGIN LOOP TC01

LOOP:

- CYCLE THROUGH TC3500–TC5000 FOR EACH VISIT TO A DOCTOR OR OTHER HEALTH CARE PROVIDER.

TC3500. {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

TC3600. 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

TC3700. What was the main reason for the visit?

Routine well visit,.....	1	
Sick visit, or.....	3	(TC4600)
Some other reason? (SPECIFY):.....	6	(TC4600)
REFUSED.....	9--97	(TC4600)
DON'T KNOW.....	9--98	(TC4600)

TC3800. At this visit, what was your child's weight?

WEIGHT MEASURED.....	1	
WEIGHT NOT MEASURED.....	2	(TC4000)

TC3900. (At this visit, what was your child's weight?)

POUNDS

OR

KILOGRAMS

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

TC4000. At this visit, what was your child's length?

LENGTH/HEIGHT MEASURED.....	1	
LENGTH/HEIGHT NOT MEASURED.....	2	(TC4200)

TC4100. (At this visit, what was your child's length?)

INCHES

OR

CENTIMETERS

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

TC4200 At this visit, what was your child's head circumference?

HEAD CIRCUMFERENCE MEASURED.....	1	
HEAD CIRCUMFERENCE NOT MEASURED.....	2	(TC4400)

TC4300. (At this visit, what was your child's head circumference?)

_____.
INCHES

OR

_____.
CENTIMETERS

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

TC4400. Did your child receive any vaccinations at this visit?

YES..... 1
NO..... 2 (TC4600)
REFUSED..... 9--97 (TC4600)
DON'T KNOW..... 9--98 (TC4600)

TC4500. 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	_____

TC4600. Did a doctor or other health care provider give your child a diagnosis?

YES..... 1
NO..... 2 (TC4800)
REFUSED..... 9--97 (TC4800)
DON'T KNOW..... 9--98 (TC4800)

TC4700. 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

TC4800. Did your child receive any treatments at this visit?

YES..... 1
NO..... 2 (TC5000)
REFUSED..... 9--97 (TC5000)
DON'T KNOW..... 9--98 (TC5000)

TC4900. 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

TC5000. 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_TC01)
REFUSED..... 9--97 (EL_TC01)
DON'T KNOW..... 9--98 (EL_TC01)

END LOOP TC01

LOOP:

- IF TC5000 = "1," CYCLE AGAIN.
- OTHERWISE, END LOOP AND CONTINUE WITH TC5100.

TC5100. Since {MONTH} has your child spent at least one night in the hospital?

YES..... 1
 NO..... 2 (TC5900)
 REFUSED..... 9--97 (TC5900)
 DON'T KNOW..... 9--98 (TC5900)

BEGIN LOOP TC02

LOOP:

■ CYCLE THROUGH TC5200–TC5800 FOR EACH HOSPITALIZATION.

TC5200. 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

TC5300. How many nights did your child stay at the hospital during this hospitalization?

NUMBER OF NIGHTS					

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

TC5400. Did a doctor or other health care provider give your child a diagnosis?

YES..... 1
 NO..... 2 (TC5600)
 REFUSED..... 9--97 (TC5600)
 DON'T KNOW..... 9--98 (TC5600)

TC5500. 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

TC5600. Did your child receive any treatments? Please include any vaccinations your child may have received.

YES..... 1
 NO..... 2 (TC5800)
 REFUSED..... 9--97 (TC5800)
 DON'T KNOW..... 9--98 (TC5800)

TC5700. 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

TC5800. 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 TC02

LOOP:

- IF TC5800 = "1," CYCLE AGAIN.
- OTHERWISE, CONTINUE TC5900.

BOX TC02

CHECK ITEM:

- IF 3 MONTH, CONTINUE.
- IF 9 MONTH, GO TO BOX TC06.

BOX TC06

CHECK ITEM:

- IF 3 MONTH, GO TO TC8760.
- IF 9 MONTH, CONTINUE WITH 8400.

TC8400. Now I'm going to change the subject and ask you about your relationship with your spouse or partner.

Most people have disagreements in their relationships. Please tell me the approximate extent of agreement or disagreement between you and your spouse or partner for each item.

TC8410. DOES RESPONDENT VOLUNTEER "I DON'T HAVE A SPOUSE/PARTNER"?

R DOES NOT SAY ANYTHING ABOUT HAVING A SPOUSE/PARTNER.....	1
R VOLUNTEERS SHE DOES NOT HAVE A SPOUSE/PARTNER.....	2 (EOS)

TC8420. Handling family matters. Do you and your spouse or partner:

Always agree,.....	1
Almost always agree,.....	2
Sometimes agree,.....	3
Hardly ever agree, or.....	4
Never agree?.....	5
REFUSED.....	9-97
DON'T KNOW.....	9-98

TC8430. Matters of recreation. Do you and your spouse or partner:

Always agree,.....	1
Almost always agree,.....	2
Sometimes agree,.....	3
Hardly ever agree, or.....	4
Never agree?.....	5
REFUSED.....	9-97
DON'T KNOW.....	9-98

TC8440. Religious matters. Do you and your spouse or partner:

Always agree,.....	1
Almost always agree,.....	2
Sometimes agree,.....	3
Hardly ever agree, or.....	4
Never agree?.....	5
REFUSED.....	9-97
DON'T KNOW.....	9-98

TC8450. Demonstrations of affection. Do you and your spouse or partner:

Always agree,.....	1
Almost always agree,.....	2
Sometimes agree,.....	3
Hardly ever agree, or.....	4
Never agree?.....	5
REFUSED.....	9-97
DON'T KNOW.....	9-98

TC8460. Friends. Do you and your spouse or partner:

Always agree,.....	1
Almost always agree,.....	2
Sometimes agree,.....	3
Hardly ever agree, or.....	4
Never agree?.....	5
REFUSED.....	9-97
DON'T KNOW.....	9-98

TC8470. Sex relations. Do you and your spouse or partner:

Always agree,.....	1
Almost always agree,.....	2
Sometimes agree,.....	3
Hardly ever agree, or.....	4
Never agree?.....	5
REFUSED.....	9-97
DON'T KNOW.....	9-98

TC8480. Conventionality or correct or proper behavior. Do you and your spouse or partner:

Always agree,.....	1
Almost always agree,.....	2
Sometimes agree,.....	3
Hardly ever agree, or.....	4
Never agree?.....	5
REFUSED.....	9-97
DON'T KNOW.....	9-98

TC8490. Philosophy of life. Do you and your spouse or partner:

Always agree,.....	1
Almost always agree,.....	2
Sometimes agree,.....	3
Hardly ever agree,.....	4
Never agree?.....	5
REFUSED.....	9-97
DON'T KNOW.....	9-98

TC8500. Ways of dealing with parents or in-laws. Do you and your spouse or partner:

Always agree,.....	1
Almost always agree,.....	2
Sometimes agree,.....	3
Hardly ever agree, or.....	4
Never agree?.....	5
REFUSED.....	9-97
DON'T KNOW.....	9-98

TC8510 Aims, goals, and things believed important. Do you and your spouse or partner:

Always agree,.....	1
Almost always agree,.....	2
Sometimes agree,.....	3
Hardly ever agree, or.....	4
Never agree?.....	5
REFUSED.....	9-97
DON'T KNOW.....	9-98

TC8520. Amount of time spent together. Do you and your spouse or partner:

Always agree,.....	1
Almost always agree,.....	2
Sometimes agree,.....	3
Hardly ever agree, or.....	4
Never agree?.....	5
REFUSED.....	9-97
DON'T KNOW.....	9-98

TC8530. Making major decisions. Do you and your spouse or partner:

Always agree,.....	1
Almost always agree,.....	2
Sometimes agree,.....	3
Hardly ever agree, or.....	4
Never agree?.....	5
REFUSED.....	9-97
DON'T KNOW.....	9-98

TC8540. Household tasks. Do you and your spouse or partner:

Always agree,.....	1
Almost always agree,.....	2
Sometimes agree,.....	3
Hardly ever agree, or.....	4
Never agree?.....	5
REFUSED.....	9-97
DON'T KNOW.....	9-98

TC8550. Leisure time interests and activities Do you and your spouse or partner:

Always agree,.....	1
Almost always agree,.....	2
Sometimes agree,.....	3
Hardly ever agree, or.....	4
Never agree?.....	5
REFUSED.....	9-97
DON'T KNOW.....	9-98

TC8560. Career decisions. Do you and your spouse or partner:

Always agree,.....	1
Almost always agree,.....	2
Sometimes agree,.....	3
Hardly ever agree, or.....	4
Never agree?.....	5
REFUSED.....	9-97
DON'T KNOW.....	9-98

TC8570. How often do you discuss or have you considered divorce, separation, or terminating your relationship?

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

TC8580. How often do you or your mate leave the house after a fight?

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

TC8590. In general, how often do you think that things between you and your partner are going well?

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

TC8600. How often do you confide in your partner?

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

TC8610. How often do you regret that you married your partner (or lived together)?

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

TC8620. How often do you and your partner quarrel?

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

TC8630. How often do you and your partner "get on each other's nerves"?

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

TC8640. How often do you kiss your partner?

Every day,.....	1
Almost every day,.....	2
Sometimes,.....	3
Hardly ever, or.....	4
Never?.....	5
REFUSED.....	9-97
DON'T KNOW.....	9-98

TC8650. How often do you and your partner engage in outside interests together?

Every day,.....	1
Almost every day,.....	2
Sometimes,.....	3
Hardly ever, or.....	4
Never?.....	5
REFUSED.....	9-97
DON'T KNOW.....	9-98

TC8660. Please tell me how often you do the following with your spouse or partner.

TC8670. How often do you have an interesting chat:

Never,.....	1
Less than once a month,.....	2
Once or twice a month,.....	3
Once or twice a week,.....	4
Once a day, or.....	5
More often?.....	6
REFUSED.....	9-97
DON'T KNOW.....	9-98

TC8680. How often do you laugh together:

Never,.....	1
Less than once a month,.....	2
Once or twice a month,.....	3
Once or twice a week,.....	4
Once a day, or.....	5
More often?.....	6
REFUSED.....	9-97
DON'T KNOW.....	9-98

TC8690. How often do you calmly discuss something:

Never,.....	1
Less than once a month,.....	2
Once or twice a month,.....	3
Once or twice a week,.....	4
Once a day,.....	5
More often?.....	6
REFUSED.....	9-97
DON'T KNOW.....	9-98

TC8700. How often do you work together on a project:

Never,.....	1
Less than once a month,.....	2
Once or twice a month,.....	3
Once or twice a week,.....	4
Once a day,.....	5
More often?.....	6
REFUSED.....	9-97
DON'T KNOW.....	9-98

TC8710. Please tell me if the following items were **problems** in your relationship during the past **few weeks**.

TC8720 Being too tired for sex.

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

TC8730. Not showing love.

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

TC8740. Please indicate the degree of happiness in your relationship. Are you:

Very unhappy,	1
Somewhat unhappy,.....	2
Fairly happy,	3
Mostly happy, or.....	4
Very happy?.....	5
REFUSED.....	9-97
DON'T KNOW.....	9-98

TC8750. Which of the following statements best describes how you feel about the future of your relationship?

I want desperately for my relationship to succeed, and would go to almost any length to see that it does.....	1
I want very much for my relationship to succeed, and will do all I can to see that it does.....	2
I want very much for my relationship to succeed, and will do my fair share to see that it does.....	3
It would be nice if my relationship succeeded, but I can't do much more than I'm doing now to help it succeed.....	4
My relationship can never succeed, and there is no more that I can do to keep the relationship going.....	5
REFUSED.....	9-97
DON'T KNOW.....	9-98

TC8760 These are all the questions I have at this time. {We'll send another Infant Medical Care Log in the mail, right away.} Please remember to take the medical care log with you to your child's doctor visits. Thank you for your time.