

12-Month Mother Interview

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12-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)

12-Month Mother Interview: Child Medical History

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 twelve 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

CM1600. 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

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>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

CM1800.Since {MONTH} has {CHILD} had a runny nose, cough, or cold?

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

CM2000.Since {MONTH} has {CHILD} had an ear infection?

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

CM2200.Since {MONTH} has {CHILD} had diarrhea or vomiting?

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

CM2400.Since {MONTH} has {CHILD} had wheezing or whistling in the chest?

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

CM2600.Since {MONTH}, 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.Since {MONTH}, has a doctor told you that {CHILD} is blind?

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

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

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

CM3000.Since {MONTH}, has a doctor 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.Since {MONTH}, has a doctor 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.Since {MONTH}, has a doctor 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

CM3300.Since {MONTH}, has a doctor 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.Since {MONTH}, has a doctor 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

Visit Type: 12 Month
Target: Mother

CM3500.Since {MONTH}, has a doctor 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>RF</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

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>RF</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.QUESTION DELETED

CM4000.QUESTION DELETED

CM4100 QUESTION DELETED

CM4200.QUESTION DELETED

CM4300.QUESTION DELETED

CM4400.QUESTION DELETED

CM4500.QUESTION DELETED

CM4600.QUESTION DELETED

12-Month Mother Interview: Health Behaviors

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

12-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. How strongly do you agree or disagree with the following statement. Babies have to learn they can't be picked up every time they cry.

- Strongly agree..... 1
- Agree..... 2
- Neither agree nor disagree..... 3
- Disagree, or..... 4
- Strongly disagree?..... 5
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

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

PB1000. When you are reading to or looking at books with your child, do you try to teach your child:

- No, he/she is too young,..... 1
- No, I do not have time,..... 2
- Yes, occasionally, or..... 3
- Yes, often?..... 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

PB1300. How often does your child watch TV and/or DVDs for entertainment?

- 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

PB1400. How often does your child watch TV and/or DVDs for education?

- 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

PB1500. How often does your child watch TV and/or DVDs to relax or calm them?

- 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 does your child watch TV and/or DVDs to keep them occupied while you get other things done?

- 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. When you are watching TV or DVDs with your child, do you try to teach your child?

- No, he/she is too young,..... 1
- No, I do not have time,..... 2
- Yes, occasionally, or..... 3
- Yes, often..... 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. This next few questions asks about how you think most young children act, how they grow, and how to care for them.

Please answer each of the following questions based on young children in general, not about your child and how he or she acts. Think about what you know about young children you have had contact with or anything you have read.

For each of the following statements, say whether, for most young children, you agree or disagree with the statement, or are not sure.

PB1800. All infants need the same amount of sleep.

SHOW CARD PB2.

- AGREE..... 1
- DISAGREE..... 2
- NOT SURE..... 3
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

PB1900. A young brother or sister may start wetting the bed or thumbsucking when a new baby arrives in the family.

SHOW CARD PB2.

- AGREE..... 1
- DISAGREE..... 2
- NOT SURE..... 3
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

PB2000. A child thinks he or she is speaking correctly even when he or she says words and sentences in an unusual or different way, like "I goed to town" or "What the dollie have?"

SHOW CARD PB2.

- AGREE..... 1
- DISAGREE..... 2
- NOT SURE..... 3
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

PB2100. Children learn all of their language by copying what they have heard adults say.

SHOW CARD PB2.

- AGREE..... 1
- DISAGREE..... 2
- NOT SURE..... 3
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

PB2200. The next statements are about the age at which young children can first do something. If you think the age is about right, say you agree. If you don't agree, please say whether you think a child is younger or older when they can first do these things. If you aren't sure, then state that you are not sure.

PB2300. A 1-year-old knows right from wrong.

SHOW CARD PB3.

- AGREE..... 1
- OLDER..... 2
- YOUNGER..... 3
- NOT SURE..... 4
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

PB2400. A baby will begin to respond to her name at 10 months.

SHOW CARD PB3.

- AGREE..... 1
- OLDER..... 2
- YOUNGER..... 3
- NOT SURE..... 4
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

PB2500. Most infants are ready to be toilet trained by 1 year of age.

SHOW CARD PB3.

- AGREE..... 1
- OLDER..... 2
- YOUNGER..... 3
- NOT SURE..... 4
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

PB2600. A baby of 12 months can remember toys he has watched being hidden.

SHOW CARD PB3.

AGREE.....	1
OLDER.....	2
YOUNGER.....	3
NOT SURE.....	4
REFUSED.....	9--97
DON'T KNOW.....	9--98

PB2700. One-year-olds often cooperate and share when they play together.

SHOW CARD PB3.

AGREE.....	1
OLDER.....	2
YOUNGER.....	3
NOT SURE.....	4
REFUSED.....	9--97
DON'T KNOW.....	9--98

PB2800. A baby is about 7 months old before she can reach for and grab things.

SHOW CARD PB3.

AGREE.....	1
OLDER.....	2
YOUNGER.....	3
NOT SURE.....	4
REFUSED.....	9--97
DON'T KNOW.....	9--98

PB2900. A baby usually says his first real word by 6 months of age.

SHOW CARD PB3.

AGREE.....	1
OLDER.....	2
YOUNGER.....	3
NOT SURE.....	4
REFUSED.....	9--97
DON'T KNOW.....	9--98

12-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: 12 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: 12 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.

Visit Type: 12 Month

Target: Mother

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

12-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

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)

<p>END LOOP CV01</p> <p>LOOP:</p> <ul style="list-style-type: none"> ■ 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.

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

MU0100.Next, I'd like to update some information you provided during your last visit in {MONTH} about prescription and over-the-counter medications and supplements that you have given to your child.

MU0200.May I please see the containers for any prescription, and non-prescription medicines and supplements that you gave to your child since {MONTH}? I'll ask about prescription medications first.

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

BOX MU01

CHECK ITEM:

- IF NO RECORDS WHERE UM1000, MU1200, OR MU0300 != "2" AT LAST IN PERSON INTERVIEW, GO TO MU0600.

BEGIN LOOP MU01

LOOP:

- FOR EACH RECORD WHERE UM1000 != "2" OR MU0300 != "2" OR MU1200 != "2" AT LAST IN-PERSON INTERVIEW, CYCLE THROUGH MU0300-MU0500.

MU0300.Are you still giving {CHILD} {MEDICATION}?

- YES..... 1 (EL_MU01)
- NO..... 2
- REFUSED..... 9--97 (EL_MU01)
- DON'T KNOW..... 9--98 (EL_MU01)

MU0400.On what date did you stop giving {CHILD} {MEDICATION}?

INTERVIEWER INSTRUCTION:
 ENTER A TWO DIGIT MONTH, TWO DIGIT DAY, AND A FOUR DIGIT YEAR.
 IF RESPONDENT KNOWS MONTH AND YEAR, BUT NOT DAY, ENTER 15 FOR DAY.

MM	DD	YYYY			

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

MU0500.DID RESPONDENT GIVE DATE?

RESPONDENT GAVE COMPLETE DATE..... 1
INTERVIEWER ENTERED 15 FOR DAY..... 2

END LOOP MU01
LOOP:
<ul style="list-style-type: none"> ■ IF MORE RECORDS WHERE UM1000 != "2" OR MU0300 != "2" OR MU1200 != "2" AT LAST IN-PERSON INTERVIEW, CYCLE AGAIN. ■ OTHERWISE, CONTINUE WITH MU0600.

MU0600.At any time between {MONTH} and today, have you giving your child any new medications 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 and prescriptions that you started giving to your child since {MONTH}, but are no longer taking. Prescription medications and supplements may include products like antibiotics for ear infections, or iron supplements prescribed by a doctor.

YES..... 1
NO..... 2 (BOX MU02)
REFUSED..... 9--97 (BOX MU02)
DON'T KNOW..... 9--98 (BOX MU02)

MU0700.{Please show me any prescription medications you have given to your child since {MONTH}/Please tell me the names of the prescription medications and supplements you have given to your child since {MONTH}.}

PROBE: Have you given your child any other prescription medications since {MONTH} that we missed? Please include prescriptions you may not be currently giving, but has finished since {MONTH}.

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

BEGIN LOOP MU02
LOOP:
<ul style="list-style-type: none"> ■ CYCLE THROUGH MU0800 – MU1200 FOR EACH NEW PRESCRIPTION ON ROSTER.

MU0800.{First/Next}, let's talk about {MEDICATION}.

MU0900.PRODUCT LABEL SEEN?

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

MU1000.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

MU1100.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

MU1200.Are you still giving {CHILD} {MEDICATION}?

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

END LOOP MU02

LOOP:

- CYCLE THROUGH MU0800 – MU1200 FOR THE NEXT PRESCRIPTION MEDICATION IN ROSTER.
- WHEN FINISHED WITH ALL MEDICATIONS LISTED IN ROSTER CONTINUE WITH BOX MU02.

BOX MU02

CHECK ITEM:

- IF NO RECORDS WHERE UM1700 != "2" OR MU1300 != "2" OR MU2600 FROM LAST IN PERSON INTERVIEW, GO TO MU1500.

BEGIN LOOP MU03

LOOP:

- FOR EACH RECORD WHERE UM1800, MU1600, OR MU2600 != "2" AT LAST IN-PERSON INTERVIEW, CYCLE THROUGH MU1300-MU1400.

MU1300.Are you still giving your child {PRODUCT}?

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

MU1400.Since {MONTH} 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

END LOOP MU03

LOOP:

- IF MORE RECORDS WHERE UM1700, MU1300, OR MU2200 != "2" FROM LAST IN PERSON INTERVIEW, CYCLE AGAIN.
- OTHERWISE, CONTINUE WITH MU1500.

MU1500.At any time between {MONTH} and today, have you given your child any new over-the-counter or nonprescription medications, or any nonprescription vitamins, minerals, herbals, or dietary supplements? 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.

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

Visit Type: 12 Month

Target: Mother

MU1600.{Please show me any over-the-counter medications and non-prescription vitamins, minerals, herbals, or other dietary supplements you have given your child since {MONTH}. / Please tell me the names of the over-the-counter medications and non-prescription vitamins, minerals, herbals, or other dietary supplements that you have given your child since {MONTH}.}

PROBE: Have you given {CHILD} any other over-the-counter medications or nonprescription vitamins, minerals, herbals, or other dietary supplements since {MONTH} 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.

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

BEGIN LOOP MU04
LOOP:
■ CYCLE THROUGH MU2000 – MU2200 FOR EACH OTC ON ROSTER.

MU1700.{First/Next}, let's talk about {PRODUCT}.

MU1800.WAS PRODUCT LABEL SEEN?

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

MU1900.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

MU2000.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

MU2100.Since {MONTH}, 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

MU2200.Are you still giving {CHILD} {PRODUCT}?

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

<u>END LOOP MU04</u>
<p><u>LOOP:</u></p> <ul style="list-style-type: none"> ■ CYCLE THROUGH MU1700 – MU2200 FOR THE NEXT OTC IN ROSTER. ■ WHEN FINISHED WITH ALL OTCS LISTED IN ROSTER CONTINUE WITH NEXT SECTION.

12-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 {MONTH}, 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.

BEGIN LOOP PR01

LOOP:

- 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

END LOOP PR01

LOOP:

- IF MORE YES RESPONSES, ASK AM0400 AGAIN.
- IF AM0400 ASKED FOR ALL YES RESPONSES IN AM0300, END LOOP.

AM0500.Since {MONTH}, 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.

AM0800.Since {MONTH}, 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.

<u>BEGIN LOOP PR03</u>
<u>LOOP:</u>
■ 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

<u>END LOOP PR03</u>
<u>LOOP:</u>
■ IF MORE YES RESPONSES, ASK AM1000 AGAIN.
■ IF AM1000 ASKED FOR ALL YES RESPONSES IN AM0900, END LOOP.

AM1100.Since {MONTH}, 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

BEGIN LOOP PR04

LOOP:

- 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

Visit Type: 12 Month

Target: Mother

END LOOP PR04

LOOP:

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

12-Month Mother Interview: Product Use

PR0100. These questions ask about some different types of products you may have used to take care of yourself or your family.

PR0200. QUESTION DELETED

PR0300. QUESTION DELETED

PR0400. QUESTION DELETED

PR0500. QUESTION DELETED

PR0600. QUESTION DELETED

PR0700. QUESTION DELETED

PR0900. QUESTION DELETED

PR1000. QUESTION DELETED

PR1100. QUESTION DELETED

PR1200. QUESTION DELETED

PR1300. Since {MONTH}, 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

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 {MONTH}, 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

12-Month Mother Interview: In-Home Exposures

EX0100. QUESTION DELETED

EX0200. QUESTION DELETED

EX0300.QUESTION DELETED

EX0400. QUESTION DELETED

EX0500. QUESTION DELETED

EX0600. QUESTION DELETED

EX0700. QUESTION DELETED

EX0800. QUESTION DELETED

EX0900. What temperature do you use to wash your child's sheets? Is it,

- HOT..... 1
- WARM..... 2
- COLD 3
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

EX1000. About how often do you wash your child's clothes, towels, bedding, or other laundry with each of the following items? Fill in one circle for each item listed.

	EVERY DAY	A FEW TIMES A WEEK	ABOUT ONCE A WEEK	1-3 TIMES A MONTH	LESS THAN ONCE A MONTH	NOT AT ALL	RF	DK
Liquid or powder laundry soap with a fragrance (such as lemon scent, mountain spring, floral, clean breeze, or other scent).....	1	2	3	4	5	6	9--97	9--98
Chlorine Bleach.....	1	2	3	4	5	6	9--97	9--98
Fabric softener or dryer sheet with a fragrance (such as lemon scent, mountain spring, floral, clean breeze, or other scent).....	1	2	3	4	5	6	9--97	9--98
Spot or stain remover.....	1	2	3	4	5	6	9--97	9--98

EX1100. Do you use any methods to “allergy-proof” your home? Please answer “yes” or “no” to each method I describe.

	<u>YES</u>	<u>NO</u>	<u>RE</u>	<u>DK</u>
a. Tannic acid or other mite control chemicals?.....	1	2	9--97	9--98
b. Impermeable mattress and or pillow covers on your child's bed or crib?.....	1	2	9--97	9--98
c. Use a special vacuum such as a HEPA vacuum?.....	1	2	9--97	9--98
d. Intentionally removed rugs or upholstered furniture?.....	1	2	9--97	9--98
e. Any other methods? (SPECIFY): _____	1	2	9--97	9--98

EX1200. Does your furnace or air conditioning system use a special HEPA (High Efficiency Particulate Air) or other type of allergy filter to filter the air?

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

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

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)

Visit Type: 12 Month

Target: Mother

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)

BEGIN LOOP EX01

LOOP:

- 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

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 EX2000.

EX2000. Since {MONTH}, have you seen signs of mice, rats, or other rodents in your home (not including pets)?

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

EX2100. Since {MONTH}, have you seen cockroaches in your home?

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

Visit Type: 12 Month

Target: Mother

EX2200. Water damage is a common problem that occurs inside of many homes. Water damage includes water stains on the ceiling or walls, rotting wood, and flaking sheetrock or plaster. This damage may be from broken pipes, a leaky roof, or floods.

EX2300. Since {MONTH}, have you seen any water damage inside your home?

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

EX2400. Since {MONTH}, have you seen any mold or mildew on walls or other surfaces, other than the shower or bathtub, inside your home?

- YES..... 1
- NO..... 2 (EX2600)
- REFUSED..... 9--97 (EX2600)
- DON'T KNOW..... 9--98 (EX2600)

EX2500. In which rooms have you seen the mold or mildew?

PROBE: Any other rooms?

SELECT ALL THAT APPLY.

- KITCHEN..... 01
- LIVING ROOM..... 02
- HALL/LANDING..... 03
- RESPONDENT'S BEDROOM..... 04
- OTHER BEDROOM..... 05
- BATHROOM/TOILET..... 06
- BASEMENT..... 07
- OTHER (SPECIFY): _____ 96
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

EX2600. The next few questions ask about any recent additions or renovations to your home.

EX2700. Since {MONTH}, have any additions been built onto your home to make it bigger?

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

Visit Type: 12 Month

Target: Mother

EX2800. Since {MONTH}, have any renovations or other construction been done in your home? Include only **major projects**. Do not count smaller projects that were just painting or wall papering.

- YES..... 1
- NO..... 2 (EX3000)
- REFUSED..... 9--97 (EX3000)
- DON'T KNOW..... 9--98 (EX3000)

EX2900. Which rooms were renovated?

PROBE: Any others?

SELECT ALL THAT APPLY.

- KITCHEN..... 01
- LIVING ROOM..... 02
- HALL/LANDING..... 03
- RESPONDENT'S BEDROOM..... 04
- OTHER BEDROOM..... 05
- BATHROOM/TOILET..... 06
- BASEMENT..... 07
- OTHER (SPECIFY): _____ 08
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

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

EX3600. Now I'm going to read some statements about things that people in your neighborhood may or may not do. For each of these statements, please refer to this card and tell me whether you strongly agree, agree, disagree, or strongly disagree.

EX3700. People around here are willing to help their neighbors.

SHOW CARD SS2.

- STRONGLY AGREE..... 1
- AGREE..... 2
- DISAGREE..... 3
- STRONGLY DISAGREE..... 4
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

EX3800. People in this neighborhood can be trusted.

SHOW CARD SS2.

- STRONGLY AGREE..... 1
- AGREE..... 2
- DISAGREE..... 3
- STRONGLY DISAGREE..... 4
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

EX3900. For each of the following, please refer to this card and tell me if it is very likely, likely, unlikely, or very unlikely that people in your neighborhood would act in the following manner.

EX4000. If some children were spray-painting graffiti on a local building, how likely is it that your neighbors would do something about it?

SHOW CARD SS3.

- VERY LIKELY..... 1
- LIKELY..... 2
- UNLIKELY..... 3
- VERY UNLIKELY..... 4
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

Visit Type: 12 Month

Target: Mother

EX4100. If there was a fight in front of your house and someone was being beaten or threatened, how likely is it that your neighbors would break it up?

SHOW CARD SS3.

- VERY LIKELY..... 1
- LIKELY..... 2
- UNLIKELY..... 3
- VERY UNLIKELY..... 4
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

12-Month Mother Interview: Occupational/Hobby Exposures

OU0100.Now I would like to update some information about schoolwork, jobs, volunteer work, and hobbies that you have done recently.

Please only include activities that you do or have done for four hours a week or longer.

OU0200.Are you currently a full- or part-time student? This includes vocational or technical schooling that may not be done in a classroom.

PROBE: Do you go full-time or part-time?

- NO, NOT A STUDENT..... 1 (BOX OU01)
- YES, FULL-TIME STUDENT..... 2
- YES, PART-TIME STUDENT..... 3
- REFUSED..... 9--97 (BOX OU01)
- DON'T KNOW..... 9--98 (BOX OU01)

OU0300.What type or types of school are you currently attending?

SELECT ALL THAT APPLY.

- HIGH SCHOOL..... 1
- TECHNICAL SCHOOL..... 2
- COLLEGE OR UNIVERSITY..... 3
- GRADUATE SCHOOL..... 4
- PROFESSIONAL SCHOOL (E.G., MEDICAL, LAW, DENTAL)..... 5
- OTHER (SPECIFY): _____ 6
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

BOX OU01

CHECK ITEM:

- IF StillAtJob, StillAtJobNew, OR StillWorkingAtSameJob = "1" AT LAST INTERVIEW, BEGIN LOOP OU01.
- OTHERWISE, GO TO OU1600.

BEGIN LOOP OU01

LOOP:

- CYCLE THROUGH OU0700-OU1500 FOR EACH PREVIOUS JOB.

OU0700.Are you still working as a {JobTitle} for {EmployerName}?

- YES..... 1 (OU0900)
- NO..... 2
- REFUSED..... 9--97 (OU0900)

Visit Type: 12 Month

Target: Mother

DON'T KNOW..... 9--98 (OU0900)

OU0800.On what date did you stop working at this job?

_ _	_ _	_ _ _ _
MM	DD	YYYY

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

<u>BOX OU02</u>
<u>CHECK ITEM:</u>
■ IF OU0700= "2", GO TO EL_OU01.

OU0900.On average, how many hours a week do you usually work at this job?

_ _ _
NUMBER OF HOURS

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

OU1000.Does this include working a shift that starts after 2 pm?

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

OU1100.Do you rotate among different shifts for this job?

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

<u>END LOOP OU01</u>
<u>LOOP:</u>
■ IF MORE JOBS, CYCLE AGAIN.
■ OTHERWISE CONTINUE WITH OU1600.

OU1600.At anytime between {MONTH} and today, did you start a new job?

YES..... 1
 NO..... 2 (OU3200)
 REFUSED..... 9--97 (OU3200)
 DON'T KNOW..... 9--98 (OU3200)

OU1700.Please tell me how many different full-time, part-time, or volunteer jobs you started.

Please only include activities that you do or have done for at least four hours per week.

	NUMBER	RE	DK
a. Full-time jobs?.....	_ _	9--97	9--98
b. Part-time jobs?.....	_ _	9--97	9--98
c. Volunteer jobs (fire department, humane society, etc.)?.....	_ _	9--97	9--98

BOX OU02

CHECK ITEM:

- ADD THE NUMBER OF FULL-TIME, PART-TIME, AND VOLUNTEER JOBS (NumberFullTimeJobsNew (OU1700A), NumberPartTimeJobsNew (OU1700B), AND NumberVolunteerJobsNew (OU1700C)) AND CREATE TotalNumberOfJobsNew. DO NOT INCLUDE "9--97" OR "9--98" RESPONSES IN THE SUM.
- IF OU1700A-C ALL SOME COMBINATION OF "9--97" AND "9--98," TotalNumberOfJobsNew = "0".

BOX OU03

CHECK ITEM:

- IF TotalNumberOfJobsNew > "0", BEGIN LOOP OU02.
- IF TotalNumberOfJobsNew = "0", GO TO OU3200.

BEGIN LOOP OU02

LOOP:

- CYCLE THROUGH BOX OU04 –OU3100 AS MANY TIMES AS THE NUMBER CALCULATED IN TotalNumberOfJobsNew.

BOX OU04

CHECK ITEM:

- IF TotalNumberOfJobsNew = "1", GO TO OU1900.
- OTHERWISE, CONTINUE WITH OU1800.

OU1800.{Now I'd like to ask some questions about each one of your new jobs, starting with the job where you work the most hours/ Now think about the new job where you work the next greatest number of hours}.

OU1900.On what date did you start working at this job?

_	_	_	_	_	_	_	_
MM	DD	YYYY					

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

OU2000.Are you currently working at this job?

- YES..... 1 (OU2200)
- NO..... 2
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

OU2100.On what date did you stop working at this job?

| |
MM DD YYYY

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

OU2200.For this job, what {is/was} your job title or occupation?

JOB TITLE

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

OU2300.For this job, who {is/was} your employer?

EMPLOYER

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

OU2400.What types of activities {do/did} you do most often at this job? For example, teach classes, work on the computer, keep account books, file, photocopy, answer phone, wait tables, help customers, do lab work, or carpentry.

PROBE: Anything else?

INTERVIEWER INSTRUCTION:
SEPARATE EACH ACTIVITY WITH A COMMA.

ACTIVITY

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

OU2500. In what kind of business or industry {is/was} this job? That is, what does this company make or do?

INDUSTRY

REFUSED..... 9--97

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

OU2600. On average, how many hours a week {do/did} you usually work at this job?

|_|_|_|

NUMBER OF HOURS

REFUSED..... 9--97

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

OU2700. {{Does/Did} this include working a shift that {starts/started} after 2 pm?

YES..... 1

NO..... 2

REFUSED..... 9--97

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

OU2800. {Do/Did} you rotate among different shifts for this job?

YES..... 1

NO..... 2

REFUSED..... 9--97

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

END LOOP OU02

LOOP:

- IF NUMBER OF CYCLES < TotalNumberOfJobsNew, CYCLE THROUGH BOX OU04 –OU3100 AGAIN.

12-Month Mother Interview: Occupation and Take Home Exposures

OX0900. Now I am going to ask you about work clothing. Some people work at jobs where their skin, clothes, or shoes get dirty or stained. Think about everyone in your household. Does anyone ever routinely come home with dirty or stained skin, work clothes, or shoes? By "dirty or stained" I mean their skin or clothes have dust, grease, or other visible chemical spots on them.

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

OX1000. Who is it that comes home with dirty or stained skin, work clothes, or shoes? Is it:

- You..... 1
- Others in the home, or..... 2
- Both you and others in the home?..... 3
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

OX1100. How often do you or anyone in your household come home from work with dirty hands or skin?

- Every day, 1
- 5-6 times a week,..... 2
- 3-4 times a week,..... 3
- 1-2 times a week, or..... 4
- Never?..... 5
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

OX1200. How often do you or anyone in your household wear dirty work shoes inside your home?

- Every day, 1
- 5-6 times a week,..... 2
- 3-4 times a week,..... 3
- 1-2 times a week, or..... 4
- Never?..... 5
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

OX1300. How often do you or anyone in your household wear dirty work clothes inside your home?

- Every day,..... 1
- 5-6 times a week,..... 2
- 3-4 times a week,..... 3
- 1-2 times a week, or..... 4
- Never?..... 5
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

OX1400.How often do you or anyone in your household wash work clothes at home?

- Every day,..... 1
- 5-6 times a week,..... 2
- 3-4 times a week,..... 3
- 1-2 times a week, or..... 4 (OX1600)
- Never?..... 5 (OX1600)
- REFUSED..... 9--97 (OX1600)
- DON'T KNOW..... 9--98 (OX1600)

OX1500.Are work clothes washed separately from other clothes?

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

OX1600.What types of materials have you or anyone in your household brought home on work clothes or shoes?

SHOW CARD OX2.

SELECT ALL THAT APPLY.

- DIRT..... 01
- WOOD DUST..... 02
- GREASE..... 03
- PESTICIDES..... 04
- METAL DUST..... 05
- COAL OR MINING DUST..... 06
- ANIMAL HAIR..... 07
- FIBERS (SUCH AS ASBESTOS OR FIBERGLASS)..... 08
- OTHER (SPECIFY): _____ 96
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

12-Month Mother Interview: Language Development

LN0100. Next, I'll read a list of words. If your child understands that word but does not yet say it, say "Understands". If your child understands and also says the word, say "Understands and Says".

Include the word even if your child uses a different pronunciation of the word.

LN0200.

	<u>UNDERSTANDS</u>			
	<u>UNDERSTANDS</u>	<u>AND SAYS</u>	<u>RF</u>	<u>DK</u>
Choo choo.....	1	2	9--97	9--98
Meow.....	1	2	9--97	9--98
Ouch.....	1	2	9--97	9--98
Uh oh.....	1	2	9--97	9--98
Bird.....	1	2	9--97	9--98
Dog.....	1	2	9--97	9--98
Duck.....	1	2	9--97	9--98
Kitty.....	1	2	9--97	9--98
Lion.....	1	2	9--97	9--98
Mouse.....	1	2	9--97	9--98
Car.....	1	2	9--97	9--98
Stroller.....	1	2	9--97	9--98
Ball.....	1	2	9--97	9--98
Book.....	1	2	9--97	9--98
Doll.....	1	2	9--97	9--98
Bread.....	1	2	9--97	9--98
Candy.....	1	2	9--97	9--98
Cereal.....	1	2	9--97	9--98
Cookie.....	1	2	9--97	9--98
Juice.....	1	2	9--97	9--98
Toast.....	1	2	9--97	9--98
Hat.....	1	2	9--97	9--98
Pants.....	1	2	9--97	9--98
Shoe.....	1	2	9--97	9--98
Sock.....	1	2	9--97	9--98
Eye.....	1	2	9--97	9--98
Head.....	1	2	9--97	9--98
Leg.....	1	2	9--97	9--98
Nose.....	1	2	9--97	9--98
Tooth.....	1	2	9--97	9--98
Chair.....	1	2	9--97	9--98
Couch.....	1	2	9--97	9--98
Kitchen.....	1	2	9--97	9--98
Table.....	1	2	9--97	9--98
Television.....	1	2	9--97	9--98
Blanket.....	1	2	9--97	9--98
Bottle.....	1	2	9--97	9--98
Cup.....	1	2	9--97	9--98
Dish.....	1	2	9--97	9--98
Lamp.....	1	2	9--97	9--98

LN0200. (continued)

	<u>UNDERSTANDS</u>			
	<u>UNDERSTANDS</u>	<u>AND SAYS</u>	<u>RE</u>	<u>DK</u>
Radio.....	1	2	9--97	9--98
Spoon.....	1	2	9--97	9--98
Flower.....	1	2	9--97	9--98
Home.....	1	2	9--97	9--98
Moon.....	1	2	9--97	9--98
Outside.....	1	2	9--97	9--98
Plant.....	1	2	9--97	9--98
Rain.....	1	2	9--97	9--98
Rock.....	1	2	9--97	9--98
Water.....	1	2	9--97	9--98
Babysitter.....	1	2	9--97	9--98
Girl.....	1	2	9--97	9--98
Grandma.....	1	2	9--97	9--98
Mommy.....	1	2	9--97	9--98
Bath.....	1	2	9--97	9--98
Don't.....	1	2	9--97	9--98
Hi.....	1	2	9--97	9--98
Night night.....	1	2	9--97	9--98
Patty cake.....	1	2	9--97	9--98
Please.....	1	2	9--97	9--98
Wait.....	1	2	9--97	9--98
Break.....	1	2	9--97	9--98
Feed.....	1	2	9--97	9--98
Finish.....	1	2	9--97	9--98
Help.....	1	2	9--97	9--98
Jump.....	1	2	9--97	9--98
Kick.....	1	2	9--97	9--98
Kiss.....	1	2	9--97	9--98
Push.....	1	2	9--97	9--98
Sing.....	1	2	9--97	9--98
Smile.....	1	2	9--97	9--98
Night.....	1	2	9--97	9--98
Today.....	1	2	9--97	9--98
All gone.....	1	2	9--97	9--98
Big.....	1	2	9--97	9--98
Broken.....	1	2	9--97	9--98
Dark.....	1	2	9--97	9--98
Fast.....	1	2	9--97	9--98
Hurt.....	1	2	9--97	9--98
Pretty.....	1	2	9--97	9--98
Soft.....	1	2	9--97	9--98
I.....	1	2	9--97	9--98
Me.....	1	2	9--97	9--98
How.....	1	2	9--97	9--98
Who.....	1	2	9--97	9--98
Away.....	1	2	9--97	9--98
Out.....	1	2	9--97	9--98
Other.....	1	2	9--97	9--98
Some.....	1	2	9--97	9--98

12-Month Mother Interview: Financial Security

FS1100. These next questions are about the food eaten in your household in the **last 12 months**, and whether you were able to afford the food you need.

FS1200. Which of these statements **best** describes the food eaten in your household in the **last 12 months**:

- Enough of the kinds of food we want to eat,..... 1 (FS1400)
- Enough, but not always the kinds of food we want,..... 2 (FS1400)
- Sometimes not enough food to eat, or..... 3
- Often not enough food to eat?..... 4
- REFUSED..... 9--97 (FS1400)
- DON'T KNOW..... 9--98 (FS1400)

FS1300. Here are some reasons why people don't always have enough to eat. For each one, please tell me if this is a reason why you don't always have enough to eat.

	<u>YES</u>	<u>NO</u>	<u>RE</u>	<u>DK</u>
a. Not enough money for food?.....	1	2	9--97	9--98
b. Not enough time for shopping or cooking?.....	1	2	9--97	9--98
c. Too hard to get to the store?.....	1	2	9--97	9--98
d. On a diet?.....	1	2	9--97	9--98
e. No working stove available?.....	1	2	9--97	9--98
f. Not able to cook or eat because of health problems?.....	1	2	9--97	9--98

FS1310. I'm going to read you two statements that people have made about their food situation. Please tell me whether the statement was **OFTEN**, **SOMETIMES**, or **NEVER** true for {you/you and the other members of your household} in the **last 12 months**.

The first statement is "The food that {I/we} bought just didn't last, and {I/we} didn't have money to get more." Was that **often**, **sometimes**, or **never** true for {you/your household} in the **last 12 months**?

- OFTEN TRUE..... 1
- SOMETIMES TRUE..... 2
- NEVER TRUE..... 3
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

FS1320. "{I/We} couldn't afford to eat balanced meals." Was that **often**, **sometimes**, or **never** true for {you/your household} in the **last 12 months**?

- OFTEN TRUE..... 1
- SOMETIMES TRUE..... 2
- NEVER TRUE..... 3
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

FS1330. In the **last 12 months**, did {you/you or the other adults in your household} ever cut the size of your meals or skip meals because there wasn't enough money for food?

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

BOX FS01

CHECK ITEM:

- IF FS1310 OR FS1320 = "1" OR "2" OR FS1330 = "1", CONTINUE WITH BOX FS02.
- OTHERWISE GO TO FS1400.

BOX FS02

CHECK ITEM:

- IF FS1310 OR FS1320 = "1" OR "2" GO TO FS1350.
- OR FS1330 = "1", CONTINUE WITH FS1340.

FS1340. How often did this happen – almost every month, some months but not every month, or in only 1 or 2 months?

- ALMOST EVERY MONTH..... 1
- SOME MONTHS BUT NOT EVERY MONTH..... 2
- ONLY 1 OR 2 MONTHS..... 3
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

FS1350. In the **last 12 months**, did you ever eat less than you felt you should because there wasn't enough money to buy food?

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

FS1360. In the **last 12 months**, were you ever hungry but didn't eat because you couldn't afford enough food?

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

Visit Type: 12 Month

Target: Mother

FS1400. Since {MONTH}, 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 {MONTH}, 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

FS1600. Since {MONTH}, have you or any members of your household received TANF or welfare?

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

FS1700. Thank you for answering these questions. This completes the interview portion of the visit.