

JULY LAUNCH VERSION
VERSION 6/7/2010

Recruitment Strategy Substudy

Birth Visit Questionnaire

DRAFT: for planning purposes only

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DOCUMENT HISTORY

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| 5/14/2010 | 20100514 | Brenner updated original draft. |
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| | | |
| | | |

NOTE: *Italics denote anticipated development stages*

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INTERVIEW INTRODUCTION

VS001. Thank you for agreeing to participate in the National Children’s Study. This interview will take about 20 minutes. Your answers are important to us. There are no right or wrong answers. We will ask you about yourself, your baby’s birth, and your plans once you return home. You can skip over any question or stop the interview at any time. We will keep everything that you tell us confidential.

VS002. INTERVIEWER INSTRUCTION: IF ADDITIONAL INFORMATION IS NEEDED, SAY [You may be receiving government benefits, such as Social Security or Medicaid. Nothing will happen to those benefits if you decide to take part or not take part in this study.]

VS003. INTERVIEWER INSTRUCTION: CONTINUE UNLESS RESPONDENT ASKS QUESTIONS OR REFUSES TO PARTICIPATE. IF RESPONDENT REFUSES, DISPOSITION CONTACT AS A REFUSAL AND COMPLETE A NON-INTERVIEW REPORT.

VS003A. INTERVIEWER INSTRUCTION: IF TWIN OR HIGHER ORDER BIRTH, LOOP BC001 – BC007.

VS004. **(TIME_STAMP_1)** PROGRAMMER INSTRUCTION: INSERT DATE/TIME STAMP

BABY CHARACTERISTICS

BC001/ **(BABY_NAME)** During this interview, we would like to refer to your baby by name. What name would you like me to use to talk about your baby?

NAME PROVIDED.....1
INITIALS PROVIDED.....2
NO OFFICIAL NAME SELECTED3
REFUSED.....-1
DON'T KNOW.....-2

BC001A. [IF TWIN OR HIGHER ORDER BIRTH] Let’s start with your first [twin/triplet/higher order birth]. What name would you like me to use to talk about your baby?

NAME PROVIDED.....1
INITIALS PROVIDED.....2
NO OFFICIAL NAME SELECTED3
REFUSED.....-1
DON'T KNOW.....-2

BC002. INTERVIEWER INSTRUCTION: ENTER TEXT AND CONFIRM SPELLING

 FIRST NAME
(BABY_FNAME)

 MIDDLE NAME
(BABY_MNAME)

 LAST NAME
(BABY_LNAME)

BC007/**(BABY_SEX)** INTERVIEWER ADMINISTERED QUESTION: WHAT IS THE SEX OF THE BABY?

BOY.....1
 GIRL.....2

BC008/**(LIVE_MOM)** When [BABY'S NAME] leaves the hospital will [he/she] live with you?

YES.....1 **(RECENT_MOVE)**
 NO2
 REFUSED.....-1
 DON'T KNOW.....-2

BC009. **(LIVE_OTH)** With whom will [he/she] live?

BABY'S FATHER.....01
 BABY'S GRANDPARENT(S).....02
 OTHER FAMILY MEMBER.....03
 PLACING IN FOSTER CARE.....04
 PLACING FOR ADOPTION.....05
 REFUSED.....-1
 DON'T KNOW.....-2

BC010/**(TIME_STAMP_2)** PROGRAMMER INSTRUCTION: INSERT DATE/TIME STAMP

HOUSING CHARACTERISTICS

HC001/ **(RECENT_MOVE)** Have you moved or changed your housing situation since we contacted you last?

- YES..... 1
- NO 2**(RENOVATE)**
- REFUSED.....-1**(RENOVATE)**
- DON'T KNOW..... -2**(RENOVATE)**

HC004/**(OWN_HOME)** Is your current home...

- Owned or being bought by you or someone in your household.....1
- Rented by you or someone in your household, or.....2
- SOME OTHER ARRANGEMENT **(OWN_HOME_OTH)**.....-5
- REFUSED.....-1
- DON'T KNOW.....-2

HC005. **(OWN_HOME_OTH)**

- SPECIFY _____.....
- REFUSED.....-1
- DON'T KNOW.....-2

HC006/**(AGE_HOME)** Can you tell us when your home or building was built? Was it between...

- 2001 to present..... 1
- 1981 to 2000..... 2
- 1961 to 1980..... 3
- 1941 to 1960, or..... 4
- 1940 or before..... 5
- REFUSED.....-1
- DON'T KNOW.....-2

HC007/**(LENGTH_RESIDE)/(LENGTH_RESIDE_UNIT)** How long have you lived in this home?

NUMBER

- WEEKS..... 1
- MONTHS..... 2

| | |
|-----------------|----|
| YEARS..... | 3 |
| REFUSED..... | -1 |
| DON'T KNOW..... | -2 |

HC009/INTERVIEWER INSTRUCTION: ENTER IN NUMERIC VALUE AND SELECT ASSOCIATED UNIT OF TIME

PROGRAMMER INSTRUCTION: INCLUDE SOFT EDIT IF VALUE > 18 YEARS

HC010/(**TIME_STAMP_3**) PROGRAMMER INSTRUCTION: INSERT DATE/TIME STAMP

ENVIRONMENTAL EXPOSURES

EE001/(**RENOVATE**) The next few questions ask about any recent additions or renovations to your home.

Since our last contact, have any additions been built onto your home to make it bigger or renovations or other construction been done in your home? Include only major projects. Do not count smaller projects such as painting or wallpapering, carpeting, or refinishing floors..

| | |
|-----------------|--------------------------|
| YES..... | 1 |
| NO..... | 2 / (DECORATE) |
| REFUSED..... | -1 / (DECORATE) |
| DON'T KNOW..... | -2 / (DECORATE) |

EE002/(**RENOVATE_ROOM**) Which rooms were renovated?

INTERVIEWER INSTRUCTION: SELECT ALL THAT APPLY.

| | |
|---|-------|
| KITCHEN..... | 1 |
| LIVING ROOM..... | 2 |
| HALL/LANDING..... | 3 |
| RESPONDENT'S BEDROOM..... | 4 |
| OTHER BEDROOM..... | 5 |
| BATHROOM/TOILET..... | 6 |
| BASEMENT..... | 7 |
| OTHER (RENOVATE_ROOM_OTH)..... | -5 |
| | |
| REFUSED..... | -1 |

DON'T KNOW.....-2

EE003. **(RENOVATE_ROOM_OTH)**

SPECIFY _____.....
 REFUSED.....-1
 DON'T KNOW.....-2

EE004/**(DECORATE)** Since our last contact, were any smaller projects done in your home, such as painting, wallpapering, refinishing floors, or installing new carpet?

YES..... 1
 NO 2 /**(SMOKE)**
 REFUSED - 1 /**(SMOKE)**
 DON'T KNOW-2/ **(SMOKE)**

EE005/**(DECORATE_ROOM)** In which rooms were these smaller projects done?

INTERVIEWER INSTRUCTION: SELECT ALL THAT APPLY.

KITCHEN..... 1
 LIVING ROOM..... 2
 HALL/LANDING..... 3
 RESPONDENT'S BEDROOM..... 4
 OTHER BEDROOM..... 5
 BATHROOM/TOILET..... 6
 BASEMENT..... 7
 OTHER **(DECORATE_ROOM_OTH)**..... - 5

 REFUSED.....-1
 DON'T KNOW.....-2

EE006. **(DECORATE_ROOM_OTH)**

SPECIFY _____.....
 REFUSED.....-1
 DON'T KNOW.....-2

EE007/**(SMOKE)** Currently, do you or others in your household smoke cigarettes, cigarillos, cigars, pipes or other tobacco products?

YES..... 1
 NO 2 / **(HOSPITAL)**
 REFUSED-1 / **(HOSPITAL)**
 DON'T KNOW -2 / **(HOSPITAL)**

EE008/(**SMOKE_LOCATE**) Do those who smoke usually smoke indoors, outdoors, or both indoors and outdoors?

- INDOORS.....1
- OUTDOORS.....2
- BOTH.....3
- REFUSED.....-1
- DON'T KNOW-2

EE009. (**TIME_STAMP_4**) PROGRAMMER INSTRUCTION: INSERT DATE/TIME STAMP

INFANT FEEDING

IF001/(**FED_BABY**) Have you fed [BABY'S NAME] since [his/her] birth?

- YES.....1
- NO2/ (**PLAN_FEED**)
- REFUSED.....-1
- DON'T KNOW-2

IF002/(**HOW_FED**) Did you breast or bottle feed?

- BREAST.....1
- BOTTLE.....2
- BOTH BREAST AND BOTTLE.....3
- REFUSED.....-1
- DON'T KNOW-2

IF003/(**PLAN_FEED**) After you leave the hospital do you plan to feed the baby breast milk, formula or both?

- BREAST MILK.....1
- FORMULA.....2
- BOTH BREAST MILK AND FORMULA.....3
- REFUSED.....-1
- DON'T KNOW-2

IF004/(**TIME_STAMP_6**) PROGRAMMER INSTRUCTION: INSERT DATE/TIME STAMP

INFANT SLEEP

IS001/(**POS_HOSP**) Do the nurses here in the hospital usually put [BABY'S NAME] to sleep on [his/her] stomach, back, or side?

- STOMACH..... 1
- BACK 2
- SIDE..... 3
- REFUSED.....-1
- DON'T KNOW.....-2

IS002/(**POS_HOME**) In what position do you plan to put [BABY'S NAME] to sleep at home?

- STOMACH..... 1
- BACK 2
- SIDE..... 3
- REFUSED.....-1
- DON'T KNOW.....-2

IS003/(**SLEEP_ROOM**) When you go home from the hospital do you plan for [BABY'S NAME] to sleep...

- In [his/her] own room,..... 1
- In a room with other children,..... 2
- In your bedroom, or..... 3
- Another location?..... 4
- REFUSED.....-1
- DON'T KNOW.....-2

IS004/(**BED**) When you go home from the hospital do you plan for [BABY'S NAME] to sleep in ...

- A bassinette,..... 1
- A crib,..... 2
- A co-sleeper,..... 3
- An adult bed alone,..... 4
- An adult bed with you, 5
- An adult bed with another child, or..... 6
- Something else (**BED_OTH**)..... -5
- REFUSED.....-1
- DON'T KNOW.....-2

IS005. (**BED_OTH**)

| | | |
|-----------------|-------|----|
| SPECIFY _____ | ..... |  |
| REFUSED..... | ..... | -1 |
| DON'T KNOW..... | ..... | -2 |

IS006/(**TIME_STAMP_7**) PROGRAMMER INSTRUCTION: INSERT DATE/TIME
STAMP

WELL BABY CARE AND IMMUNIZATIONS

WB001/ (**HCARE**) Where do you plan to take your new baby for well-baby checkups?

| | | |
|-------------------------------------|-------|----|
| Hospital clinic..... | ..... | 1 |
| Health department clinic..... | ..... | 2 |
| Private doctor's office or HMO..... | ..... | 3 |
| Other (HCARE_OTH)..... | ..... | -5 |
| REFUSED..... | ..... | -1 |
| DON'T KNOW..... | ..... | -2 |

WB002/ (**HCARE_OTH**)

| | | |
|-----------------|-------|----|
| SPECIFY _____ | ..... |  |
| REFUSED..... | ..... | -1 |
| DON'T KNOW..... | ..... | -2 |

WB003/ (**VACCINE**) Do you plan for your new baby to have well-baby shots or vaccinations?

| | | |
|------------------|-------|----|
| YES..... | ..... | 1 |
| NO ..... | ..... | 2 |
| REFUSED..... | ..... | -1 |
| DON'T KNOW ..... | ..... | -2 |

WB004/ (**TIME_STAMP_8**) PROGRAMMER INSTRUCTION: INSERT DATE/TIME
STAMP

WORK AND PLANS FOR CHILDCARE

CC001/ (**EMPLOY2**) Are you currently employed?

| | | |
|------------------|-------|--------------------------|
| YES ..... | ..... | 1 |
| NO..... | ..... | 2 / (CHILDCARE) |
| REFUSED..... | ..... | -1 |
| DON'T KNOW ..... | ..... | -2 |

CC002/(**RETURN_JOB**) When do you plan to return to your current job?

NUMBER

- DAYS..... 0
- WEEKS..... 1
- MONTHS..... 2
- YEARS..... 3
- DOESN'T PLAN TO RETURN TO WORK..... 4
- REFUSED..... -1
- DON'T KNOW..... -2

CC003. INTERVIEWER INSTRUCTION: ENTER IN NUMERIC VALUE AND SELECT ASSOCIATED UNIT OF TIME

PROGRAMMER INSTRUCTION: INCLUDE SOFT EDIT IF VALUE > 1 YEAR

CC004/ (**CHILDCARE**) Next I would like to ask you a few questions about your plans for childcare.

Do you plan for (BABY'S NAME) to receive regularly scheduled care from someone other than you or the baby's father?

- YES 1
- NO 2 / (**TIME_STAMP_9**)
- REFUSED..... -1
- DON'T KNOW -2

CC005/(**CCARE_TYPE**) Please describe the type of setting in which most of the childcare will occur.

- PARTICIPANTS HOME..... 1
- OTHER PRIVATE HOME..... 2
- CHILD CARE CENTER..... 3
- OTHER (**CCARE_TYPE_OTH**)..... -5
-
- REFUSED..... -1
-
- DON'T KNOW..... -2

CC006. (**CCARE_TYPE_OTH**)

SPECIFY _____
 REFUSED.....-1
 DON'T KNOW.....-2

CC007/ **(CCARE_WHO)** Which best describes the person who will be caring for
 [BABY'S NAME]?

YOUR MOTHER.....1
 YOUR FATHER.....2
 YOUR MOTHER IN-LAW.....3
 YOUR FATHER IN-LAW.....4
 GUARDIAN.....5
 OTHER RELATIVE **(REL_CARE_OTH)**.....6

 FRIEND.....7
 NANNY.....8
 PROFESSIONAL IN HOME DAYCARE.....9
 PROFESSIONAL CENTER BASED DAYCARE.....10
 OTHER **(CCARE_WHO_OTH)**.....-5

 REFUSED.....-1
 DON'T KNOW.....-2

CC008. **(REL_CARE_OTH)**

SPECIFY _____
 REFUSED.....-1
 DON'T KNOW.....-2

CC009. **(CCARE_WHO_OTH)**

SPECIFY _____
 REFUSED.....-1
 DON'T KNOW.....-2

CC010/ **(TIME_STAMP_9)** PROGRAMMER INSTRUCTION: INSERT DATE/TIME
 STAMP

TRACING QUESTIONS

TR001. These next few questions will help us to contact you again in the future.

TR002/ **(R_FNAME)/(R_LNAME)** What is your full name?

INTERVIEWER INSTRUCTION: CONFIRM SPELLING OF FIRST NAME IF NOT
 PREVIOUSLY COLLECTED AND OF LAST NAME FOR ALL RESPONDENTS.

INTERVIEWER INSTRUCTION: ENTER PHONE NUMBER AND CONFIRM.

|_|_|_| - |_|_|_| - |_|_|_|_|_|

NO HOME NUMBER
 REFUSED.....-1
 DON'T KNOW.....-2

PROGRAMMER INSTRUCTION: IF TR005 = 3 THEN SKIP TR00X AND GO TO TR106.

TR00X/(CELL_PHONE_1). Do you have a personal cell phone?

YES 1
 NO 2
 (TR001)/(CONTACT_1)
 REFUSED..... -1
 (TR001)/(CONTACT_1)
 DON'T KNOW..... -2
 (TR001)/(CONTACT_1)

TR106/(CELL_PHONE_2). May we use your personal cell phone to make future study appointments or for appointment reminders?

YES 1
 NO 2
 REFUSED..... -1
 DON'T KNOW..... -2

TR107/(CELL_PHONE_3). Do you send and receive text messages on your personal cell phone?

YES1
 NO2 (TR001)/(CONTACT_1)
 REFUSED.....-1 (TR001)/(CONTACT_1)
 DON'T KNOW.....-2 (TR001)/(CONTACT_1)

TR108/(CELL_PHONE_4). May we send text messages to make future study appointments or for appointment reminders?

YES 1
 NO 2
 REFUSED..... -1
 DON'T KNOW..... -2

PROGRAMMER INSTRUCTION: IF TR005 = 3 SKIP TR109.

TR109/(CELL_PHONE). What is your personal cell phone number?

____|____|____|____|____|____|____|____|____|____
PHONE NUMBER

- REFUSED..... -1
- DON'T KNOW..... -2

PROGRAMMER INSTRUCTION: IF HC001 = 1 THEN GO TO HC002 ELSE GO TO TR009.

HC002/(MOVE_INFO) What is the address of your [new] home?

- ADDRESS KNOWN.....1
- OUT OF THE COUNTRY.....2
- PO BOX ADDRESS ONLY3
- REFUSED.....-1
- DON'T KNOW.....-2

HC003/(NEW_ADDRESS_VARIABLES) INTERVIEWER INSTRUCTION: PROBE AND ENTER AS MUCH INFORMATION AS R KNOWS.

(NEW_ADDRESS1) ADDRESS 1 - STREET/PO BOX

(NEW_ADDRESS2) ADDRESS 2

(NEW_UNIT) UNIT

(NEW_CITY) CITY

____|____| ____|____|____|____| ____|____|____|____|
STATE ZIP CODE ZIP+4

(NEW_STATE) (NEW_ZIP) (NEW_ZIP4)

- REFUSED.....-1
- DON'T KNOW.....-2

PROGRAMMER INSTRUCTION: SHOW EXAMPLE OF VALID EMAIL ADDRESS SUCH AS MARYJANE@EMAIL.COM

TR013/(**EMAIL_TYPE**) Is that your personal e-mail, work e-mail, or a family or shared e-mail address?

PERSONAL.....1
 WORK.....2
 FAMILY/SHARED.....3/ (**EMAIL_SHARE**)
 REFUSED.....-1
 DON'T KNOW-2

TR014/(**EMAIL_SHARE**) PROGRAMMER INSTRUCTION: CODE AS SHARED EMAIL ADDRESS.

TR015/(**PLAN_MOVE**) Do you plan on moving from your present address in the next few months?

YES.....1/ (**WHERE_MOVE**)
 NO..... (**END OF INTERVIEW**)
 REFUSED (**END OF INTERVIEW**)
 DON'T KNOW..... (**END OF INTERVIEW**)

TR016/ (**WHERE_MOVE**) Do you know where you will be moving?

YES.....1/ (**MOVE_INFO**)
 NO.....2/ (**WHEN_MOVE**)
 REFUSED-1 (**WHEN_MOVE**)
 DON'T KNOW.....-2 (**WHEN_MOVE**)

TR017/(**MOVE_INFO**) What is the address of your new home?

ADDRESS KNOWN.....1/ (**NEW ADDRESS VARIABLES**)
 OUT OF THE COUNTRY.....2/ (**WHEN_MOVE**)
 PO BOX ADDRESS ONLY3/ (**WHEN_MOVE**)
 REFUSED.....-1/ (**WHEN_MOVE**)
 DON'T KNOW.....-2/ (**WHEN_MOVE**)

TR018/(**NEW ADDRESS VARIABLES**) ENTER ADDRESS

INTERVIEWER INSTRUCTION: PROBE AND ENTER AS MUCH INFORMATION AS R KNOWS.

(NEW_ADDRESS1) ADDRESS 1 - STREET/PO BOX

(NEW_ADDRESS2) ADDRESS 2

(NEW_UNIT) UNIT

(NEW_CITY) CITY

| | | |
|-------|-------------------|---------|
| _ _ | _ _ _ _ _ _ _ _ _ | _ _ _ _ |
| STATE | ZIP CODE | ZIP+4 |

(NEW_STATE) **(NEW_ZIP)** **(NEW_ZIP4)**

REFUSED.....-1
 DON'T KNOW.....-2

TR019/ **(WHEN_MOVE)** Do you know when you will be moving?

YES.....1/ **(DATE_MOVE)**
 NO.....2
 REFUSED-1
 DON'T KNOW.....-2

TR020/**(DATE_MOVE)** When will you move?

MONTH: |_|_|
 M M

YEAR: |_|_|_|_|
 Y Y Y Y

REFUSED-1

DON'T KNOW.....-2

PROGRAMMER INSTRUCTION: FORMAT **DATE_MOVE** AS YYYYMM

TR021/(**TIME_STAMP_10**) PROGRAMMER INSTRUCTION: INSERT DATE/TIME
STAMP

TR022/(**END_OF_INTERVIEW**) Thank you for participating in the National Children’s
Study and for taking the time to answer our questions.

INTERVIEWER-COMPLETED QUESTIONS

IC001. (**TIME_STAMP_11**) PROGRAMMER INSTRUCTION: INSERT DATE/TIME
STAMP

IC002/ (**RESPONDENT**) WAS THE INTERVIEW COMPLETED WITH THE BIRTH
MOTHER OR A PROXY?

BIRTH MOTHER.....01
PROXY02

IC003/ (**CONTACT_TYPE**) IN WHAT MODE WAS THE QUESTIONNAIRE
ADMINISTERED?

IN-PERSON.....1
TELEPHONE.....2
MAIL.....3
WEB.....4

IC004/ (**ENGLISH**) WAS THIS DATA COLLECTION SESSION CONDUCTED IN
ENGLISH?

YES.....1/ (**TIME_STAMP_12**)
NO..... 2/ (**CONTACT_LANG**)

IC005/ (**CONTACT_LANG**) WHAT OTHER LANGUAGE WAS USED TO CONDUCT
THIS SESSION?

SPANISH.....01
ARABIC.....02
CHINESE.....03
FRENCH.....04
FRENCH CREOLE.....05
GERMAN.....06
ITALIAN.....07
KOREAN.....08
POLISH.....09
RUSSIAN.....10
TAGALOG.....11

| | |
|--|----|
| VIETNAMESE..... | 12 |
| URDU..... | 13 |
| PUNJABI..... | 14 |
| BENGALI..... | 15 |
| FARSI..... | 16 |
| OTHER (CONTACT_LANG_OTH)..... | -5 |

IC006. (**CONTACT_LANG_OTH**)

SPECIFY _____

IC007/(**INTERPRET**) WAS AN INTERPRETER USED?

YES.....1/ (**CONTACT_INTERPRET**)
 NO.....2/ (**TIME_STAMP_12**)

IC008/(**CONTACT_INTERPRET**) WHAT TYPE OF INTERPRETER WAS USED?

| | |
|---|----|
| BILINGUAL INTERVIEWER..... | 01 |
| IN-PERSON PROFESSIONAL INTERPRETER..... | 02 |
| IN-PERSON FAMILY MEMBER INTERPRETER..... | 03 |
| LANGUAGE-LINE INTERPRETER..... | 04 |
| VIDEO INTERPRETER..... | 05 |
| OTHER (CONTACT_INTERPRET_OTH)..... | -5 |

IC009. (**CONTACT_INTERPRET_OTH**)

SPECIFY _____

IC010. (**TIME_STAMP_12**) PROGRAMMER INSTRUCTION: INSERT DATE/TIME STAMP

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