

# ***Recruitment Strategy Substudy***

## ***Pre-pregnancy Interview***

DRAFT: for planning purposes only

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**TABLE OF CONTENTS**

CAPI

INTERVIEW INTRODUCTION.....

MEDICAL HISTORY.....

HEALTH INSURANCE.....

HOUSING CHARACTERISTICS.....

HOUSEHOLD COMPOSITION AND DEMOGRAPHICS.....

TRACING QUESTIONS.....

INTERVIEW EVALUATION.....

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## DOCUMENT HISTORY

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		<i>INCORPORATE COMMENTS FROM OMB</i>
		<i>SUBMIT TO NICHD IRB</i>
		<i>RECONCILE WITH DATA ELEMENTS TABLES</i>

**NOTE:** *Italics denote anticipated development stages*

CAPI

INTERVIEW INTRODUCTION

(TIME\_STAMP\_1) PROGRAMMER INSTRUCTION: INSERT DATE/TIME STAMP

IN001. Thank you for agreeing to participate in the National Children’s Study. This interview will take about 20 minutes to complete. Your answers are important to us. There are no right or wrong answers, just those that help us understand your situation. We will ask yourself, your health, where you live, and your feelings about being a part of the National Children’s Study during this interview. You can skip over any questions or stop the interview at any time. We will keep everything that you tell us confidential.

First, we’d like to make sure we have your correct name and birth date.

IN002./(NAME \_CONFIRM) Is your name \_\_\_\_ [PRELOAD]\_\_\_\_\_ ?

- YES..... 1 (IN003)/(DOB\_CONFIRM)
- NO..... 2 (IN002A)/(NAME\_CONFIRM)
- REFUSED..... -1 (FULL\_NAME)
- DON'T KNOW..... -2 (FULL\_NAME)

IN002A./(FULL NAME) What is your full name?

\_\_\_\_\_

- REFUSED..... -1 (DOB\_CONFIRM)
- DON'T KNOW..... -2 (DOB\_CONFIRM)

INTERVIEWER INSTRUCTIONS:

- IF RESPONDENT REFUSES TO PROVIDE INFORMATION, RE-STATE CONFIDENTIALITY PROTECTIONS, ASK FOR INITIALS OR SOME OTHER NAME SHE WOULD LIKE TO BE CALLED

IN003./(DOB\_CONFIRM) Is your birth date DD/MM/YYYY?

- YES ..... 1 (TIME\_STAMP\_2)
- NO ..... 2 (IN003A)/(DOB)
- REFUSED..... -1 (PERSON\_DOB)
- DON'T KNOW..... -2 (PERSON\_DOB)

INTERVIEWER INSTRUCTIONS:

- IF RESPONDENT REFUSES TO PROVIDE INFORMATION, RE-STATE CONFIDENTIALITY PROTECTIONS AND THAT DOB IS REQUIRED TO DETERMINE ELIGIBILITY

IN003A/(PERSON\_DOB). What is your birth date?

YYYY				MM		DD			

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

INTERVIEWER INSTRUCTIONS:

- IF RESPONDENT REFUSES TO PROVIDE INFORMATION, RE-STATE CONFIDENTIALITY PROTECTIONS AND THAT DOB IS REQUIRED TO DETERMINE ELIGIBILITY

PROGRAMMER INSTRUCTION:

- INCLUDE A SOFT EDIT/WARNING IF CALCULATED AGE IS LESS THAN LOCAL AGE OF MAJORITY OR GREATER THAN 50
- FORMAT PERSON\_DOB AS YYYYMMDD

**MEDICAL HISTORY**

**(TIME\_STAMP\_2)** PROGRAMMER INSTRUCTION: INSERT DATE/TIME STAMP

MC001A. Next, I have some general questions about your health and health care.

MC002./**(HEALTH)** Would you say your health in general is . . .

Excellent,..... 1  
 Very good,..... 2  
 Good,..... 3  
 Fair, or..... 4  
 Poor?..... 5  
 REFUSED..... -1  
 DON'T KNOW..... -2

MC050 /**(EVER\_PREG)**.Have you ever been pregnant? Please include live births, miscarriages, stillbirths, ectopic pregnancies, and pregnancy terminations.

Yes ..... 1  
 No ..... 2  
 REFUSED..... -1  
 DON'T KNOW..... -2

MC110. The next questions are about medical conditions or health problems you might have **now** or may have had **in the past**.

MC003/**(ASTHMA)**. Have you **ever** been told by a doctor or other health care provider that you had asthma?

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

MC004/(**HIGHBP**). (Have you **ever** been told by a doctor or other health care provider that you had)...  
Hypertension or high blood pressure {when you're **not pregnant**}?

PROGRAMMER INSTRUCTION – DO NOT INCLUDE BRACKETED PHRASE IF PARTICIPANT HAS NEVER BEEN PREGNANT (EVER\_PREG = 2)

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

MC005/(**DIABETES\_1**). (Have you **ever** been told by a doctor or other health care provider that you had)...  
High blood sugar or Diabetes {when you're **not pregnant**}?

PROGRAMMER INSTRUCTION – DO NOT INCLUDE BRACKETED PHRASE IF PARTICIPANT HAS NEVER BEEN PREGNANT (EVER\_PREG = 2)

YES .....1  
NO .....2 (MC006) /(**THYROID\_1**)  
NEVER BEEN PREGNANT .....3 (MC006) /(**THYROID\_1**)  
REFUSED .....-1 (MC006) /(**THYROID\_1**)  
DON'T KNOW .....-2 (MC006) /(**THYROID\_1**)

MC005a /(**DIABETES\_2**). Have you taken any medicine or received other medical treatment for diabetes in the **past 12 months**?

YES ..... 1  
NO .....2 (MC006) /(**THYROID\_1**).  
REFUSED .....-1 (MC006) /(**THYROID\_1**).  
DON'T KNOW .....-2 (MC006) /(**THYROID\_1**).

MC005b./(**DIABETES\_3**) Have you ever taken insulin?

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

MC006/(**THYROID\_1**). (Have you **ever** been told by a doctor or other health care provider that you had)  
Hypothyroidism, that is, an under active thyroid?

YES ..... 1  
NO ..... 2 (CP010) /(**VITAMIN**)  
REFUSED..... -1 (CP010) /(**VITAMIN**)  
DON'T KNOW..... -2 (CP010) /(**VITAMIN**)

MC006a. /(**THYROID\_2**). Have you taken any medicine or received other medical treatment for a thyroid

problem in the **past 12 months?**

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

CP010/(**VITAMIN**). Do you **currently** take multivitamins, prenatal vitamins, folic acid, or folate?

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

MC012A. This next question is about where you go for routine health care.

MC012/(**HLTH\_CARE**) .What kind of place do you **usually** go to when you need routine or preventive care, such as a physical examination or check-up?

Clinic or health center..... 1  
Doctor's office or Health Maintenance Organization (HMO)..... 2  
Hospital emergency room..... 3  
Hospital outpatient department..... 4  
Some other place..... 5  
DOESN'T GO TO ONE PLACE MOST OFTEN..... 6  
DOESN'T GET PREVENTIVE CARE ANYWHERE..... 7  
REFUSED..... -1  
DON'T KNOW..... -2

**HEALTH INSURANCE**

(**TIME\_STAMP\_3**) PROGRAMMER INSTRUCTION: INSERT DATE/TIME STAMP

HI000. Now I'm going to switch to another subject and ask about health insurance.

HI001/(**INSURE**). Are you currently covered by any kind of health insurance or some other kind of health care plan?

YES ..... 1  
NO ..... 2 (**TIME\_STAMP\_4**)  
REFUSED..... -1 (**TIME\_STAMP\_4**)  
DON'T KNOW..... -2 (**TIME\_STAMP\_4**)

HI002/(INSURE\_TYPE\_1) – (INSURE\_TYPE\_6)..Now I'll read a list of different types of insurance. Please tell me which types you **currently** have. (Do you **currently** have:)

	<u>YES</u>	<u>NO</u>	<u>RF</u>	<u>DK</u>
a. Insurance through an employer or union either through yourself or .....another family member?	1	2	-1	-2
b. Medicaid or any government-assistance plan for those with low incomes .....or a disability?	1	2	-1	-2
c.....TRICARE, VA, or other military health care?	1	2	-1	-2
d.....Indian Health Service?	1	2	-1	-2
e.....Medicare, for people with certain disabilities?	1	2	-1	-2
f.....Any other type of health insurance or health coverage plan?	1	2	-1	-2

**HOUSING CHARACTERISTICS**

**(TIME\_STAMP\_4)** PROGRAMMER INSTRUCTION: INSERT DATE/TIME STAMP

HC000. Now I'd like to find out more about your home and the area in which you live.

PROGRAMMER INSTRUCTIONS: [IF HC002 IS IN PREGNANCY SCREENER, THEN ASK HC001.]

HC001/(RECENT\_MOVE).Have you moved or changed your housing situation since we contacted you last?

YES .....	1 (HC002)/(OWN_HOME)
NO .....	2 (HC004)/(AGE_HOME)
REFUSED.....	-1 (HC004)/(AGE_HOME)
DON'T KNOW.....	-2 (HC004)/(AGE_HOME)

HC002.(OWN\_HOME) Is your home...

Owned or being bought by you or someone in your household.....	1
Rented by you or someone in your household, or.....	2
Occupied without payment of rent?.....	3
SOME OTHER ARRANGEMENT (OWN_HOME_OTH).....	-5
REFUSED.....	-1
DON'T KNOW.....	-2

HC002A. (OWN\_HOME\_OTH)

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

HC004/(AGE\_HOME).Can you tell us, which of these categories do you think best describes when your home or building was built?

2001 TO PRESENT.....	1
1981 TO 2000.....	2



1961 TO 1980.....	3
1941 TO 1960.....	4
1940 OR BEFORE.....	5
REFUSED.....	-1
DON'T KNOW.....	-2

HC005/(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

HC006. Now I'm going to ask about how your home is heated and cooled.

HC007/(MAIN\_HEAT). Which of these types of heat sources best describes the **main** heating fuel source for your home?

ELECTRIC.....	1	
GAS – PROPANE OR LP .....	2	
OIL .....	3	
WOOD.....	4	
KEROSENE OR DIESEL.....	5	
COAL OR COKE.....	6	
SOLAR ENERGY.....	7	
HEAT PUMP.....	8	
NO HEATING SOURCE.....	9	(HC011) /(COOLING)
OTHER (MAIN_HEAT _OTH).....	-5	
REFUSED.....	-1	(HC011) /(COOLING)
DON'T KNOW.....	-2	(HC011) /(COOLING)

INTERVIEWER INSTRUCTION: SHOW RESPONSE OPTIONS ON CARD TO PARTICIPANT.

HC007A/(MAIN\_HEAT \_OTH)

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

HC008/(HEAT2).Are there any **other** types of heat you use regularly during the heating season to heat your home?

PROBE: Do you have any space heaters, or any secondary method for heating your home?

SELECT ALL THAT APPLY.

ELECTRIC.....	1
GAS – PROPANE OR LP.....	2

OIL .....	3
WOOD.....	4
KEROSENE OR DIESEL.....	5
COAL OR COKE.....	6
SOLAR ENERGY.....	7
HEAT PUMP.....	8
NO OTHER HEATING SOURCE.....	9
OTHER ( <b>HEAT2_OTH</b> ).....	-5
REFUSED.....	-1
DON'T KNOW.....	-2

INTERVIEWER INSTRUCTION:

- SHOW RESPONSE OPTIONS ON CARD TO PARTICIPANT.
- PROBE FOR ANY OTHER RESPONSES

HC010A. (**HEAT2\_OTH**)

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

HC011/(**COOLING**).Does your home have any type of cooling or air conditioning besides fans?

YES .....	1
NO .....	2 ( <b>TIME_STAMP_6</b> )
REFUSED.....	-1 ( <b>TIME_STAMP_6</b> )
DON'T KNOW.....	-2 ( <b>TIME_STAMP_6</b> )

HC012/(**COOL**) .Not including fans, which of the following kinds of cooling systems do you **regularly use**?

SELECT ALL THAT APPLY.

Window or wall air conditioners,.....	1
Central air conditioning,.....	2
Evaporative cooler (swamp cooler), or.....	3
NO COOLING OR AIR CONDITIONING REGULARLY USED.....	4
Some other cooling system ( <b>COOL_OTH</b> ).....	-5
REFUSED.....	-1
DON'T KNOW.....	-2

INTERVIEWER INSTRUCTION: PROBE FOR ANY OTHER RESPONSES

HC012A. (**COOL\_OTH**)

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

**(TIME\_STAMP\_6)** PROGRAMMER INSTRUCTION: INSERT DATE/TIME STAMP

HC017. 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.

HC018/(WATER).In the **past 12 months**, have you seen any water damage inside your home?

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

HC019/(MOLD)..In the **past 12 months**, 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 **(TIME\_STAMP\_7)**
- REFUSED..... -1 **(TIME\_STAMP\_7)**
- DON'T KNOW..... -2 **(TIME\_STAMP\_7)**

HC020/(ROOM\_MOLD). 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 **(ROOM\_MOLD\_OTH)**..... -5
- REFUSED..... -1
- DON'T KNOW..... -2

HC020A. **(ROOM\_MOLD\_OTH)**

- SPECIFY \_\_\_\_\_
- REFUSED..... -1
- DON'T KNOW..... -2

**(TIME\_STAMP\_7)** PROGRAMMER INSTRUCTION: INSERT DATE/TIME STAMP

HC021. The next few questions ask about any recent additions or renovations to your home.

HC022/(RENOVATE) .In the past 12 months, 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, wallpapering, carpeting or refinishing floors.

- YES ..... 1
- NO ..... 2 (HC025)/(DECORATE)
- REFUSED..... -1 (HC025)/(DECORATE)
- DON'T KNOW..... -2 (HC025)/(DECORATE)

HC024/ (RENOVATE\_ROOM) .Which rooms were renovated?

PROBE: Any others?

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

HC024A. (RENOVATE\_ROOM\_OTH)

- SPECIFY \_\_\_\_\_
- REFUSED..... -1
- DON'T KNOW..... -2

HC025/(DECORATE).In the past 12 months, were any smaller projects done in your home, such as painting, wallpapering, refinishing floors, or installing new carpet?

- YES ..... 1
- NO ..... 2 (TIME\_STAMP\_8)
- REFUSED..... -1 (TIME\_STAMP\_8)
- DON'T KNOW..... -2 (TIME\_STAMP\_8)

HC026/(DECORATE\_ROOM) ..In which rooms were these smaller projects done?

PROBE: Any others?

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 ( <b>DECORATE_ROOM_OTH</b> ).....	-5
REFUSED.....	-1
DON'T KNOW.....	-2

HC026A. (**DECORATE\_ROOM\_OTH**)

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

**(TIME\_STAMP\_8)** PROGRAMMER INSTRUCTION: INSERT DATE/TIME STAMP

HC033. Now I'd like to ask about the water in your home.

HC034/**(WATER\_DRINK)**.What water source in your home do you use most of the time for **drinking**:

Tap water,.....	1
Filtered tap water,.....	2
Bottled water, or.....	3
Some other source? ( <b>WATER_DRINK_OTH</b> ) .....	-5
REFUSED.....	-1
DON'T KNOW.....	-2

HC034A/**(WATER\_DRINK\_OTH)**

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

HC035/**(WATER\_COOK)**.What water source in your home is used most of the time for **cooking**:

Tap water,.....	1
Filtered tap water,.....	2
Bottled water, or.....	3
Some other source? ( <b>WATER_COOK_OTH</b> ).....	-5
REFUSED.....	-1
DON'T KNOW.....	-2

HC035A. (**WATER\_COOK\_OTH**)

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

**HOUSEHOLD COMPOSITION AND DEMOGRAPHICS**

**(TIME\_STAMP\_9)** PROGRAMMER INSTRUCTION: INSERT DATE/TIME STAMP

OH000. Now, I'd like to ask some questions about your schooling and employment.

OH00A/(EDUC) .What is the **highest** degree or level of school that you have completed?

- LESS THAN A HIGH SCHOOL DIPLOMA OR GED..... 01
- HIGH SCHOOL DIPLOMA OR GED..... 02
- SOME COLLEGE BUT NO DEGREE..... 03
- ASSOCIATE DEGREE..... 04
- BACHELOR'S DEGREE (e.g., BA, BS)..... 05
- POST GRADUATE DEGREE (e.g., Masters or Doctoral)..... 06
- REFUSED..... -1
- DON'T KNOW..... -2

OH001/(WORKING) .Are you **currently** working at any full or part time jobs?

- YES ..... 1
- NO ..... 2 (TIME\_STAMP\_10)
- REFUSED..... -1 (TIME\_STAMP\_10)
- DON'T KNOW..... -2 (TIME\_STAMP\_10)

OH002a/(HOURS). Approximately how many hours each week are you working?

|\_|\_|\_|  
NUMBER OF HOURS

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

PROGRAMMER INSTRUCTION: INCLUDE A SOFT EDIT IF RESPONSE > 60

OH002b/(SHIFT\_WORK) ... Do you work a shift that starts after 2 pm?

- YES ..... 1
- NO ..... 2
- SOMETIMES..... 3
- REFUSED..... -1
- DON'T KNOW..... -2

(TIME\_STAMP\_10) PROGRAMMER INSTRUCTION: INSERT DATE/TIME STAMP

DE004A. The next questions may be similar to those asked the last time we contacted you, but we are asking them again because sometimes the answers change.

DE004/(MARISTAT). I'd like to ask about your marital status. Are you:

- Married,..... 01
- Not married but living together with a partner..... 02
- Never been married,..... 03 (TIME\_STAMP\_11)
- Divorced,..... 04 (TIME\_STAMP\_11)

Separated, or.....	05	(TIME_STAMP_11)
Widowed?.....	06	(TIME_STAMP_11)
REFUSED.....	-1	(TIME_STAMP_11)
DON'T KNOW.....	-2	(TIME_STAMP_11)

INTERVIEWER INSTRUCTION: CODE FOR SALIENT CATEGORY.

DE005/(SP\_EDUC) .What is the **highest** degree or level of school that your spouse or partner has completed?

LESS THAN A HIGH SCHOOL DIPLOMA OR GED.....	01
HIGH SCHOOL DIPLOMA OR GED.....	02
SOME COLLEGE BUT NO DEGREE.....	03
ASSOCIATE DEGREE.....	04
BACHELOR'S DEGREE (e.g., BA, BS).....	05
POST GRADUATE DEGREE (e.g., Masters or Doctoral).....	06
REFUSED.....	-1
DON'T KNOW.....	-2

DE006/(SP\_ETHNICITY) .Does your spouse or partner consider [himself/herself] to be Hispanic, or Latino?

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

DE007(SP\_RACE) .What race does your spouse (or partner) consider [himself/herself] to be? You may select one or more.

PROBE: Anything else?

SELECT ALL THAT APPLY.

White,.....	1
Black or African American,.....	2
American Indian or Alaska Native,.....	3
Asian, or.....	4
Native Hawaiian or Other Pacific Islander?.....	5
ONLY USE IF VOLUNTEERED. DON'T ASK	
SOME OTHER RACE? (SP_RACE_OTH).....	-5
REFUSED.....	-1
DON'T KNOW.....	-2

INTERVIEWER INSTRUCTION:

- SHOW RESPONSE OPTIONS ON CARD TO PARTICIPANT.
- PROBE FOR ANY OTHER RESPONSES

DE007a/ (SP\_RACE\_OTH)

SPECIFY \_\_\_\_\_

REFUSED.....	-1
--------------	----

DON'T KNOW..... -2

FAMILY INCOME

**(TIME\_STAMP\_11)** PROGRAMMER INSTRUCTION: INSERT DATE/TIME STAMP

DE009. Now I'm going to ask a few questions about your income. Family income is important in analyzing the data we collect and is often used in scientific studies to compare groups of people who are similar. Please remember that all the information you provide is confidential.

Please think about your total combined family income during 2009 for all members of the family.

DE010. **(HH\_MEMBERS)** How many household members are supported by your total combined family income?

\_\_\_\_\_  
NUMBER

REFUSED..... (DE011)  
DON'T KNOW..... (DE011)

PROGRAMMER INSTRUCTION: RESPONSE MUST BE > 0; INCLUDE A SOFT EDIT IF RESPONSE IS > 15

DE010. **(NUM\_CHILD)** How many of those people are children? Please include anyone under 18 years or anyone older than 18 years and in high school.

\_\_\_\_\_  
NUMBER

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

.....PROGRAMMER INSTRUCTIONS:

- INCLUDE HARD EDIT IF RESPONSE > **HH\_SIZE**
- INCLUDE SOFT EDIT IF RESPONSE > 10

DE011. **(INCOME)** Of these income groups, which category best represents your total combined family income during the last calendar year?

INTERVIEWER INSTRUCTION: SHOW RESPONDENT CATEGORIES ON SHOW CARD

Less than \$4,999..... (TR001)  
 \$5,000-\$9,999..... (TR001)  
 \$10,000-\$19,999..... (TR001)  
 \$20,000-\$29,999..... (TR001)



\$30,000-\$39,999.....	(TR001)
\$40,000-\$49,999.....	(TR001)
\$50,000-\$74,999.....	(TR001)
\$75,000-\$99,999.....	(TR001)
\$100,000-\$199,000.....	(TR001)
\$200,000 or more.....	(TR001)
REFUSED.....	(TR001)
DON'T KNOW.....	(TR001)

### TRACING QUESTIONS

**(TIME\_STAMP\_13)** PROGRAMMER INSTRUCTION: INSERT DATE/TIME STAMP

TR000. The next set of questions asks about different ways we might be able to keep in touch with you. Please remember that all the information you provide is confidential and will not be provided to anyone outside the National Children's Study.

TR101/**(HAVE\_EMAIL)**. Do you have a personal email address?

YES .....	1
NO .....	2 (TR105) <b>/(CELL_PHONE_1)</b> .
REFUSED.....	-1 (TR105) <b>/(CELL_PHONE_1)</b> .
DON'T KNOW.....	-2 (TR105) <b>/(CELL_PHONE_1)</b> .

TR102/**(EMAIL\_2)**. May we use your personal email address to make future study appointments or send appointment reminders?

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

TR103/**(EMAIL\_3)**. May we use your personal email address for questionnaires (like this one) that you can answer over the Internet?

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

TR104/**(EMAIL)**. What is your personal email address?

---

REFUSED.....	-1
--------------	----

DON'T KNOW..... -2

TR105/(CELL\_PHONE\_1). Do you have a personal cell phone?

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

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?

YES ..... 1
NO ..... 2 (TR109)/(CELL\_PHONE).
REFUSED..... -1 (TR109)/(CELL\_PHONE)
DON'T KNOW..... -2 (TR109)/(CELL\_PHONE)

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

TR109/(CELL\_PHONE).. What is your personal cell phone number?

PHONE NUMBER

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

TR001/(CONTACT\_1).Sometimes if people move or change their telephone number, we have difficulty reaching them. Could I have the name of a friend or relative not currently living with you who should know where you could be reached in case we have trouble contacting you?

YES ..... 1
NO ..... 2 (TIME\_STAMP\_14)
REFUSED..... -1 (TIME\_STAMP\_14)
DON'T KNOW..... -2 (TIME\_STAMP\_14)

TR002/(F\_NAME\_1)/(L\_NAME\_1). What is this person's name?

_____	_____	
FIRST NAME	LAST NAME	
REFUSED.....		-1
DON'T KNOW.....		-2

INTERVIEWER INSTRUCTION:

- IF RESPONDENT DOES NOT WANT TO PROVIDE NAME OF CONTACT ASK FOR INITIALS
- CONFIRM SPELLING OF FIRST AND LAST NAMES.

TR014/(RELATE\_1). What is his/her relationship to you?

MOTHER/FATHER.....	1
BROTHER/SISTER.....	2
AUNT/UNCLE.....	3
GRANDPARENT.....	4
NEIGHBOR.....	5
FRIEND.....	6
OTHER (RELATE1_OTH).....	-5
REFUSED.....	-1
DON'T KNOW.....	-2

TR014a. (RELATE1\_OTH):

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

TR003/(CONTACT\_ADDR\_1).What is his/her address?

INTERVIEWER INSTRUCTIONS:

PROMPT AS NECESSARY TO COMPLETE INFORMATION

\_\_\_\_\_  
STREET\_(ADDR1\_1)/(ADDR\_2\_1)/(UNIT\_1)

\_\_\_\_\_  
CITY (CITY\_1)

_ _	_ _ _ _	
STATE	ZIP CODE	
(STATE_1)	(ZIPCODE_1) (ZIP4_1)	

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

TR004 (CONTACT\_PHONE\_1). What is his/her telephone number?

\_\_\_\_\_  
PHONE NUMBER

CONTACT HAS NO TELEPHONE..... 1  
REFUSED..... -1  
DON'T KNOW..... -2

INTERVIEWER INSTRUCTION: IF CONTACT HAS NO TELEPHONE ASK FOR TELEPHONE NUMBER WHERE HE/SHE RECEIVES CALLS

TR005/(CONTACT\_2).. Now I'd like to collect information on a second contact who does not currently live with you. What is this person's name?

INTERVIEWER INSTRUCTION:

CONFIRM SPELLING OF FIRST AND LAST NAMES.

\_\_\_\_\_  
FIRST NAME LAST NAME  
**(F\_NAME\_2) (L\_NAME\_2)**

NO SECOND CONTACT PROVIDED..... 1 (TIME\_STAMP\_14)  
REFUSED..... -1  
DON'T KNOW..... -2

INTERVIEWER INSTRUCTION:

- IF RESPONDENT DOES NOT WANT TO PROVIDE NAME OF CONTACT ASK FOR INITIALS
- CONFIRM SPELLING OF FIRST AND LAST NAMES.

TR006/(RELATE\_2). What is his/her relationship to you?

MOTHER/FATHER..... 01  
BROTHER/SISTER..... 02  
AUNT/UNCLE..... 03  
GRANDPARENT..... 04  
NEIGHBOR..... 05  
FRIEND..... 06  
OTHER (RELATE2\_OTH)..... -5  
REFUSED..... -1  
DON'T KNOW..... -2

TR006a. (RELATE2\_OTH)

SPECIFY \_\_\_\_\_  
REFUSED..... -1  
DON'T KNOW..... -2

TR007/(CONTACT\_ADDR\_2).....What is his/her address?

INTERVIEWER INSTRUCTIONS:

PROMPT AS NECESSARY TO COMPLETE INFORMATION

STREET\_(ADDR1\_2)/(ADDR\_2\_2)/(UNIT\_2)

CITY (CITY\_2)

STATE ZIP CODE  
(STATE\_2) (ZIPCODE\_2) (ZIP4\_2)

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

TR008/(CONTACT\_PHONE\_2).....What is his/her telephone number?

PHONE NUMBER

CONTACT HAS NO TELEPHONE..... 1  
REFUSED..... -1  
DON'T KNOW..... -2

INTERVIEWER INSTRUCTION: IF CONTACT HAS NO TELEPHONE ASK FOR TELEPHONE NUMBER WHERE HE/SHE RECEIVES CALLS

**INTERVIEW EVALUATION**

(TIME\_STAMP\_14) PROGRAMMER INSTRUCTION: INSERT DATE/TIME STAMP

EV000. We would now like to take a few minutes to ask some questions about your experience in the study. There are no right or wrong answers. You can always refuse to answer any question or group of questions, and your answers will be kept confidential.

EV001. How important was each of the following in your decision to take part in the National Children's Study?

	Not at all Important	Somewhat Important	Very Important
a. (LEARN) Learning more about my health or the health of my child?	_____	_____	_____
b. (HELP) Feeling as if I can help children now and in the future?	_____	_____	_____

c. <b>(INCENT)</b> Receiving money or gifts for taking part in the study?	___	___	___
d. <b>(RESEARCH)</b> Helping doctors and researchers learn more about children and their health?	___	___	___
e. <b>(ENVIR)</b> Helping researchers learn how the environment may affect children's health?	___	___	___
f. <b>(COMMUNITY)</b> Feeling part of my community?	___	___	___
g. <b>(KNOW_OTHERS)</b> Knowing other women in the study?	___	___	___
h. <b>(FAMILY)</b> Having family members or friends support my choice to take part in the study?	___	___	___
i. <b>(DOCTOR)</b> Having my doctor or health care provider support my choice to take part in the study?	___	___	___
j. <b>(STAFF)</b> Feeling comfortable with the study staff who come to my home?	___	___	___

EV004. How negative or positive do each of the following people feel about you taking part in the National Children's Study?

	Very Negative	Somewhat Negative	Neither Positive or Negative	Somewhat Positive	Very Positive	NA
a. Your spouse or partner	___	___	___	___	___	___
b. <b>(OPIN_FAMILY)</b> Other family members	___	___	___	___	___	___
c. <b>(OPIN_FRIEND)</b> Your friends	___	___	___	___	___	___

d.(OPIN_DR) Your doctor or health care provider	—	—	—	—	—	—
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EV005/(EXPERIENCE). In general, has your experience with the National Children's Study been

- Mostly negative
- Somewhat negative
- Neither negative or positive
- Somewhat positive
- Mostly positive

EV007/(IMPROVE). In your opinion, how much do you think the National Children's Study will help improve the health of children now and in the future?

- Not at all
- A little
- Some
- A lot

EV008. Did you think the interview was

- Too short
- Too long, or
- Just about right?

EV009. Do you think the interview was

- Not at all stressful
- A little stressful
- Somewhat stressful, or
- Very stressful?

EV010. If you were asked, would you participate in an interview like this again?

- Yes
- No
- Refused
- Don't know

TR010. Thank you for answering these questions. This concludes the interview portion of our visit.

**(TIME\_STAMP\_15)** PROGRAMMER INSTRUCTION: INSERT DATE/TIME STAMP