

JULY LAUNCH VERSION  
VERSION 6/7/2010

# ***Recruitment Strategy Substudy***

## ***Birth Visit Questionnaire***

**DRAFT: for planning purposes only**

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0593). Do not return the completed form to this address.

## TABLE OF CONTENTS

### CAPI

INTERVIEW INTRODUCTION .....	
BABY CHARACTERISTICS.....	
HOUSING CHARACTERISTICS.....	
ENVIRONMENTAL EXPOSURES.....	
INFANT FEEDING.....	
INFANT SLEEP.....	
WELL BABY CARE AND IMMUNIZATIONS.....	
WORK AND PLANS FOR CHILDCARE.....	
TRACING QUESTIONS.....	
INTERVIEWER-COMPLETED QUESTIONS.....	

DRAFT: for planning purposes only

**DOCUMENT HISTORY**

<b>DATE</b>	<b>VERSION</b>	<b>SUMMARY OF CHANGE/MILESTONE</b>
5/14/2010	20100514	Brenner updated original draft.
5/14/2010	20100514a	J. Park formatted for OMB review
	20100514a	INFORMAL SUBMISSION TO OMB
5/24/2010	20100524	P. Hashemi added OMB code
5/26/2010	20100526	P. Hashemi altered <i>specify</i> items to fit OMB format
5/27/2010	20100527	P. Hashemi formatted variable codes based on Pre-Pregnancy Interview already formatted by J. Graber
5/27/2010	20100527_jj	J. Jay added variable sources
5/27/2010	20100528	IRB team revised interview introductory text
6/2/2010	20100604	NCS PO Group Comments
6/7/2010	20100607	J. Park and J. Slutsman provided edits to instrument

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

DRAFT: for planning purposes only

**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 SELECTED .....3  
 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 SELECTED .....3  
 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)**  
 NO .....2  
 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 / ( <b>DECORATE</b> )
REFUSED.....	-1 / ( <b>DECORATE</b> )
DON'T KNOW.....	-2 / ( <b>DECORATE</b> )

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 ( <b>RENOVATE_ROOM_OTH</b> ).....	-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
- NO .....2/ (**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?

YES .....1  
 NO .....2 (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 ONLY .....3  
 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



TR009/(**SAME\_ADDR**) Is your mailing address the same as your street address?

YES .....1/ (**HAVE\_EMAIL**)  
 NO.....2  
 REFUSED .....-1  
 DON'T KNOW .....-2

TR010/ (**MAILING ADDRESS VARIABLES**) What is your mailing address?

INTERVIEWER INSTRUCTION: PROMPT AS NECESSARY TO COMPLETE INFORMATION

\_\_\_\_\_  
 (**MAIL\_ADDRESS1**) ADDRESS 1 - STREET/PO BOX

\_\_\_\_\_  
 (**MAIL\_ADDRESS2**) ADDRESS 2

\_\_\_\_\_  
 (**MAIL\_UNIT**) UNIT

\_\_\_\_\_  
 (**MAIL\_CITY**) CITY

\_\_\_\_|\_\_\_\_|      \_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|      \_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|  
 STATE          ZIP CODE                  ZIP+4

(**MAIL\_STATE**) (**MAIL\_ZIP**)          (**MAIL\_ZIP4**)

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

TR011/(**HAVE\_EMAIL**) Do you have an email address?

YES .....1  
 NO.....2/ (**PLAN\_MOVE**)  
 REFUSED .....-1 /(**PLAN\_MOVE**)  
 DON'T KNOW.....- 2 (**PLAN\_MOVE**)

TR012/(**EMAIL**) What is the best email address to reach you?

ENTER E-MAIL ADDRESS: \_\_\_\_\_

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 ONLY .....3/ (**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  
PROXY .....02

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 ( <b>CONTACT_LANG_OTH</b> ).....	-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 ( <b>CONTACT_INTERPRET_OTH</b> ).....	-5

IC009. (**CONTACT\_INTERPRET\_OTH**)

SPECIFY \_\_\_\_\_

IC010. (**TIME\_STAMP\_12**) PROGRAMMER INSTRUCTION: INSERT DATE/TIME STAMP

DRAFT: for planning purposes only