***Recruitment Strategy Substudy***

Event Name(s):

**9-Month Mother Phone Interview (EH, PB, HI)**

Instrument Name(s) and Versions:

**9-Month Mother Phone Interview (EH, PB, HI) – 1.0**

Recruitment Groups:

**Enhanced Household, Provider-Based, High Intensity**

|  |  |  |
| --- | --- | --- |
| **Date** | **Version** | **Document History** |
| 19 Nov, 2010 | 9 Month Phone Call - abbreviated - 2010-11-19.kcs.docx | Initial version using questions from Initial Vanguard 9 month call. |
| 22 Nov 2010 | 9 Month Phone Call - abbreviated - 20101122 | Nolen provided source information |
| 29Nov2010 | 9 Month Phone Call - abbreviated - 20101129 | Reviewed by Ruth Brenner |
| 29 Nov 2010 | 9 Month Phone Call - abbreviated – 20101129a | Review and comments by Julia Slutsman on behalf of HSP/IRB team. |
| 12/2/10 | 9 Month Phone Call - abbreviated – 20101129a | Reviewed by J. Graber. Please review my comments |
| 12/6/10 | 9 Month Phone Call - abbreviated – 20101206 | Reviewed by Ruth Brenner and changes made by Lisa Haney to include:   1. Revised Interviewer Script (IN003) paragraph 2. IN005 and IN006 revised language from “mother” to “household” 3. DAS002 through DAS036 reformatted clean response appearance 4. Insertion of IN018   DAS017 requires sourcing response review |
| 12/8/10 | 9 Month Phone Call – abbreviated – 20101208 | J. Park deleted all DAS (33 items) as unnecessarily sensitive for purposes of Phase 1 collection; P. Hashemi altered introductory language to reflect deletion of DAS |
| 12/21/10 | 9 Month Phone Call – abbreviated – 20101221 | Copy edit version received from Circle |
| 12/22/10 | 9 Month Phone Call – abbreviated – 20101222 | Reviewed Circle’s copy edits and accepted changes |
| 12/22/10 | 9 Month Phone Call – abbreviated – 20101222 | Jen removed red font from burden estimates. |

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**Interview Introduction**

**IN001 (TIME\_STAMP\_1)** **PROGRAMMER INSTRUCTION:** INSERT DATE/TIME STAMP

**IN003** Hello. I’m [INTERVIEWER NAME] calling from the National Children’s Study. I’m calling today to ask you some questions about you and your baby. We realize that you are busy, and this call should take only about 10 minutes. I will ask you questions about your baby’s health and behavior. Your answers are very important to us. There are no right or wrong answers. You can skip over any question or stop the interview at any time. We will keep everything that you tell us confidential.

**INTERVIEWER COMPLETED QUESTIONS**

**IN005 (MULT\_CHILD)** IS THERE MORE THAN ONE CHILD OF THIS IN THIS HOUSEHOLD ELIGIBLE FOR THE 9-MONTH CALL TODAY?

|  |  |  |  |
| --- | --- | --- | --- |
| YES | ……………………………………………………. | 1 |  |
| NO | ……………………………………………………. | 2 |  |

**IN006 (CHILD\_NUM)** HOW MANY CHILDREN OF THIS IN THIS HOUSEHOLD ARE ELIGIBLE FOR THE 9-MONTH CALL TODAY?

|\_\_\_|\_\_\_|

NUMBER OF CHILDREN

**PROGRAMMER INSTRUCTION:** IF **MULT\_CHILD** = 1, THEN **CHILD\_NUM** = 1; COMPLETE QUESTIONNAIRE FOR EACH ELIGIBLE CHILD RECORDED IN **CHILD\_NUM**

**IN011 (CHILD\_QNUM)** WHICH NUMBER CHILD IS THIS QUESTIONNAIRE FOR?

|\_\_\_|\_\_\_|

**PROGRAMMER INSTRUCTION:** **CHILD\_QNUM** CANNOT BE GREATER THAN **CHILD\_NUM**

**IN017 (CHILD\_SEX)** IS {**CHILD\_QNUM}** A BOY OR GIRL?

|  |  |  |  |
| --- | --- | --- | --- |
| BOY | ……………………………………………………. | 1 |  |
| GIRL | ……………………………………………………. | 2 |  |

**PROGRAMMER INSTRUCTION:** USE CHILD\_SEX TO CODE {his/her} AND {he/she} FIELDS AS APPROPRIATE THROUGHOUT INSTRUMENT

**N018 (RESP\_REL)** WHAT IS THE RELATIONSHIP OF RESPONDENT TO CHILD?

|  |  |  |  |
| --- | --- | --- | --- |
| MOTHER | ……………………………………………………. | 1 |  |
| FATHER | ……………………………………………………. | 2 |  |

**Participant Verification**

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

**PV001 (CNAME\_CONFIRM)** Is your baby’s name \_\_\_\_\_[INSERT NAME]\_\_\_\_\_\_\_\_\_\_\_?

|  |  |  |  |
| --- | --- | --- | --- |
| YES | ………………………………… | 1 | **(CDOB\_CONFIRM)** |
| NO | ………………………………… | 2 | **(C\_FNAME)(C\_LNAME)** |
| REFUSED | ………………………………… | -1 | **(C\_FNAME)(C\_LNAME)** |
| DON’T KNOW | ………………………………… | -2 | **(C\_FNAME)(C\_LNAME)** |

**PROGRAMMER INSTRUCTION:** INSERT CHILD’S NAME IF KNOWN

**PV004 (C\_FNAME) (C\_LNAME)** What is your baby’s full name?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FIRST NAME LAST NAME

**(C\_FNAME)**  **(CHILD\_LNAME)**

|  |  |  |  |
| --- | --- | --- | --- |
| REFUSED | ………………………………… | -1 | **(CDOB\_CONFIRM)** |
| DON’T KNOW | ………………………………… | -2 | **(CDOB\_CONFIRM)** |

**INTERVIEWER INSTRUCTIONS:**

* IF RESPONDENT REFUSES TO PROVIDE INFORMATION, RE-STATE CONFIDENTIALITY PROTECTIONS, ASK FOR INITIALS OR SOME OTHER NAME SHE WOULD LIKE HER CHILD TO BE CALLED
* CONFIRM SPELLING OF FIRST NAME IF NOT PREVIOUSLY COLLECTED AND OF LAST NAME FOR ALL CHILDREN

**PV007 (CDOB\_CONFIRM)** Is {C\_FNAME}’S birth date [INSERT CHILD’S DATE OF BIRTH]?

|  |  |  |  |
| --- | --- | --- | --- |
| YES | ………………………………… | 1 | **(TIME\_STAMP2)** |
| NO | ………………………………… | 2 | **(CHILD\_DOB)** |
| REFUSED | ………………………………… | -1 | **(CHILD\_DOB)** |
| DON’T KNOW | ………………………………… | -2 | **(CHILD\_DOB)** |

**PROGRAMMER INSTRUCTIONS:**

* PRELOAD CHILD’S DOB IF KNOWN AS MM/DD/YYYY
* IF RESPONSE = YES, SET **CHILD\_DOB** TO KNOWN VALUE

**INTERVIEWER INSTRUCTION:** IF RESPONDENT REFUSES TO PROVIDE INFORMATION, RE-STATE CONFIDENTIALITY PROTECTIONS AND THAT DOB HELPS DETERMINE ELIGIBILITY

**PV011 (CHILD\_DOB).** What is {C\_FNAME}’s date of birth?

MONTH: |\_\_\_|\_\_\_|

M M

DAY: |\_\_\_|\_\_\_|

D D

YEAR: |\_\_\_|\_\_\_|\_\_\_|\_\_\_|

Y Y Y Y

|  |  |  |  |
| --- | --- | --- | --- |
| REFUSED | ………………………………… | -1 | **(TIME\_STAMP2)** |
| DON’T KNOW | ………………………………… | -2 | **(TIME\_STAMP2)** |

**INTERVIEWER INSTRUCTIONS:**

* IF RESPONDENT REFUSES TO PROVIDE INFORMATION, RE-STATE CONFIDENTIALITY PROTECTIONS AND THAT DOB IS HELPS DETERMINE ELIGIBILITY
* ENTER A TWO-DIGIT MONTH, TWO-DIGIT DAY, AND A FOUR-DIGIT YEAR
* IF RESPONSE WAS DETERMINED TO BE INVALID, ASK QUESTION AGAIN AND PROBE FOR VALID RESPONSE

**PROGRAMMER INSTRUCTIONS:**

* INCLUDE A SOFT EDIT/WARNING IF CALCULATED AGE IS LESS THAN

8 MONTHS OR GREATER THAN 11 MONTHS

* FORMAT CHILD\_DOB AS YYYYMMDD

**PV013 (TIME\_STAMP\_2)** **PROGRAMMER INSTRUCTION:** INSERT DATE/TIME STAMP

**Child Development and Parenting**

First, I will read you a list of things {C\_FNAME} may already do or may start doing when {he/she} gets older. Does {C\_FNAME}:

**CDP011 (EYES\_FOLLOW)** Follow you with {his/her} eyes?

|  |  |  |  |
| --- | --- | --- | --- |
| YES | ………………………………………………….. | 1 |  |
| NO | ………………………………………………….. | 2 |  |
| REFUSED | ………………………………………………….. | -1 |  |
| DON’T KNOW | ………………………………………………….. | -2 |  |

**CDP012 (SMILE)** Smile when you smile at {him/her}?

|  |  |  |  |
| --- | --- | --- | --- |
| YES | ………………………………………………….. | 1 |  |
| NO | ………………………………………………….. | 2 |  |
| REFUSED | ………………………………………………….. | -1 |  |
| DON’T KNOW | ………………………………………………….. | -2 |  |

**CDP013 (REACH\_1)** Try to get a toy that is out of reach?

|  |  |  |  |
| --- | --- | --- | --- |
| YES | ………………………………………………….. | 1 |  |
| NO | ………………………………………………….. | 2 |  |
| REFUSED | ………………………………………………….. | -1 |  |
| DON’T KNOW | ………………………………………………….. | -2 |  |

**CDP014 (FEED)** Feed {him/herself} a cracker or cereal?

|  |  |  |  |
| --- | --- | --- | --- |
| YES | ………………………………………………….. | 1 |  |
| NO | ………………………………………………….. | 2 |  |
| REFUSED | ………………………………………………….. | -1 |  |
| DON’T KNOW | ………………………………………………….. | -2 |  |

**CDP015 (WAVE)** Wave goodbye?

|  |  |  |  |
| --- | --- | --- | --- |
| YES | ………………………………………………….. | 1 |  |
| NO | ………………………………………………….. | 2 |  |
| REFUSED | ………………………………………………….. | -1 |  |
| DON’T KNOW | ………………………………………………….. | -2 |  |

**CDP016 (GRAB)** Grab an object like a block or rattle from you?

|  |  |  |  |
| --- | --- | --- | --- |
| YES | ………………………………………………….. | 1 |  |
| NO | ………………………………………………….. | 2 |  |
| REFUSED | ………………………………………………….. | -1 |  |
| DON’T KNOW | ………………………………………………….. | -2 |  |

**CDP017 (SWITCH\_HANDS)** Move a toy or block from one hand to the other?

|  |  |  |  |
| --- | --- | --- | --- |
| YES | ………………………………………………….. | 1 |  |
| NO | ………………………………………………….. | 2 |  |
| REFUSED | ………………………………………………….. | -1 |  |
| DON’T KNOW | ………………………………………………….. | -2 |  |

**CDP018 (PICKUP)** Pick up a small object like a Cheerio or raisin?

|  |  |  |  |
| --- | --- | --- | --- |
| YES | ………………………………………………….. | 1 |  |
| NO | ………………………………………………….. | 2 |  |
| REFUSED | ………………………………………………….. | -1 |  |
| DON’T KNOW | ………………………………………………….. | -2 |  |

**CDP019 (HOLD)** Hold two toys or blocks at a time, one in each hand?

|  |  |  |  |
| --- | --- | --- | --- |
| YES | ………………………………………………….. | 1 |  |
| NO | ………………………………………………….. | 2 |  |
| REFUSED | ………………………………………………….. | -1 |  |
| DON’T KNOW | ………………………………………………….. | -2 |  |

**CDP021 (SOUND\_3)** Turn toward someone when they’re speaking?

|  |  |  |  |
| --- | --- | --- | --- |
| YES | ………………………………………………….. | 1 |  |
| NO | ………………………………………………….. | 2 |  |
| REFUSED | ………………………………………………….. | -1 |  |
| DON’T KNOW | ………………………………………………….. | -2 |  |

**CDP022 (SPEAK\_1)** Make sounds as though {he/she} is trying to speak?

|  |  |  |  |
| --- | --- | --- | --- |
| YES | ………………………………………………….. | 1 |  |
| NO | ………………………………………………….. | 2 |  |
| REFUSED | ………………………………………………….. | -1 |  |
| DON’T KNOW | ………………………………………………….. | -2 |  |

**CDP023 (SPEAK\_2)** Say mama or dada?

|  |  |  |  |
| --- | --- | --- | --- |
| YES | ………………………………………………….. | 1 |  |
| NO | ………………………………………………….. | 2 |  |
| REFUSED | ………………………………………………….. | -1 |  |
| DON’T KNOW | ………………………………………………….. | -2 |  |

**CDP024 (HEADUP)** Keep head steady when sitting or held up?

|  |  |  |  |
| --- | --- | --- | --- |
| YES | ………………………………………………….. | 1 |  |
| NO | ………………………………………………….. | 2 |  |
| REFUSED | ………………………………………………….. | -1 |  |
| DON’T KNOW | ………………………………………………….. | -2 |  |

**CDP026 (ROLL\_2)** Roll from back to stomach?

|  |  |  |  |
| --- | --- | --- | --- |
| YES | ………………………………………………….. | 1 |  |
| NO | ………………………………………………….. | 2 |  |
| REFUSED | ………………………………………………….. | -1 |  |
| DON’T KNOW | ………………………………………………….. | -2 |  |

**CDP034 (SITUP)** Sit up by {him/herself}?

|  |  |  |  |
| --- | --- | --- | --- |
| YES | ………………………………………………….. | 1 |  |
| NO | ………………………………………………….. | 2 |  |
| REFUSED | ………………………………………………….. | -1 |  |
| DON’T KNOW | ………………………………………………….. | -2 |  |

**CDP035 (STAND)** Stand while holding onto something?

|  |  |  |  |
| --- | --- | --- | --- |
| YES | ………………………………………………….. | 1 |  |
| NO | ………………………………………………….. | 2 |  |
| REFUSED | ………………………………………………….. | -1 |  |
| DON’T KNOW | ………………………………………………….. | -2 |  |

**CDP036 (STAND\_ALONE)** Stand alone, without holding onto something?

|  |  |  |  |
| --- | --- | --- | --- |
| YES | ………………………………………………….. | 1 |  |
| NO | ………………………………………………….. | 2 |  |
| REFUSED | ………………………………………………….. | -1 |  |
| DON’T KNOW | ………………………………………………….. | -2 |  |

**CDP037 (WALK)** Walk by himself, without holding onto something?

|  |  |  |  |
| --- | --- | --- | --- |
| YES | ………………………………………………….. | 1 |  |
| NO | ………………………………………………….. | 2 |  |
| REFUSED | ………………………………………………….. | -1 |  |
| DON’T KNOW | ………………………………………………….. | -2 |  |

**CDP038 (SCRIBBLE)** Scribble or draw with a pencil, crayon, or marker?

|  |  |  |  |
| --- | --- | --- | --- |
| YES | ………………………………………………….. | 1 |  |
| NO | ………………………………………………….. | 2 |  |
| REFUSED | ………………………………………………….. | -1 |  |
| DON’T KNOW | ………………………………………………….. | -2 |  |

**CDP039 (FORK\_SPOON)** Try to use a fork or spoon when eating?

|  |  |  |  |
| --- | --- | --- | --- |
| YES | ………………………………………………….. | 1 |  |
| NO | ………………………………………………….. | 2 |  |
| REFUSED | ………………………………………………….. | -1 |  |
| DON’T KNOW | ………………………………………………….. | -2 |  |

**CDP028 (TIME\_STAMP\_3)** **PROGRAMMER INSTRUCTION:** INSERT DATE/TIME STAMP

**Health Care**

**HC001 (C\_HEALTH)** Would you say {**C\_FNAME**}’s health in general is poor, fair, good, or excellent?

POOR 1

FAIR 2

GOOD 3

EXCELLENT 4

REFUSED -1

DON’T KNOW -2

The next questions are about where {C\_FNAME} goes for health care.

**HC003 (R\_HCARE)** First, what kind of place does {C\_FNAME} usually go to when {he/she} needs routine or well-child care, such as a check-up or well-baby shots (immunizations)?

|  |  |  |  |
| --- | --- | --- | --- |
| 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 WELL-CHILD CARE ANYWHERE | ……………………… | 7 | **(HCARE\_SICK)** |
| REFUSED | ……………………… | -1 | **(HCARE\_SICK)** |
| DON’T KNOW | ……………………… | -2 | **(HCARE\_SICK)** |

**HC005 (LAST\_VISIT)** What was the date of {C\_FNAME}’s most recent well-child visit or check-up?

MONTH: |\_\_\_|\_\_\_|

M M

DAY: |\_\_\_|\_\_\_|

D D

YEAR: |\_\_\_|\_\_\_|\_\_\_|\_\_\_|

Y Y Y Y

|  |  |  |  |
| --- | --- | --- | --- |
| HAS NOT HAD A VISIT | ……………………………… | 1 | **(SAME\_CARE)** |
| REFUSED | ……………………………… | -1 | **(SAME\_CARE)** |
| DON’T KNOW | ……………………………… | -2 | **(SAME\_CARE)** |

**HC007 (VISIT\_WT)** What was {C\_FNAME}’s weight at that visit?

|\_\_\_|\_\_\_|

Pounds

|  |  |  |  |
| --- | --- | --- | --- |
| REFUSED | ……………………………… | -1 |  |
| DON’T KNOW | ……………………………… | -2 |  |

**PROGRAMMER INSTRUCTION:** INCLUDE A SOFT EDIT IF WEIGHT < 13 OR > 26 POUNDS

**HC009 (SAME\_CARE)** If {C\_FNAME} is sick or if you have concerns about {his/her} health, does {he/she} go to the same place as for well-child visits?

|  |  |  |  |
| --- | --- | --- | --- |
| YES | ……………………………… | 1 | **(TIME\_STAMP\_4)** |
| NO | ……………………………… | 2 |  |
| HAS NOT BEEN SICK | ……………………………… | 3 | (**TIME\_STAMP\_4**) |
| REFUSED | ……………………………… | -1 |  |
| DON’T KNOW | ……………………………… | -2 |  |

**HC011 (HCARE\_SICK)** What kind of place does {C\_FNAME} usually go to when {he/she} is sick, doesn’t feel well, or if you have concerns about {his/her} health?

|  |  |  |  |
| --- | --- | --- | --- |
| 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 |  |
| HAS NOT BEEN SICK | …………………… | 7 |  |
| REFUSED | …………………… | -1 |  |
| DON’T KNOW | …………………… | -2 |  |

**HC019 (TIME\_STAMP\_4) PROGRAMMER INSTRUCTION:** INSERT DATE/TIME STAMP

Thank you for your time and for being a part of this important research Study. This is the end of our interview.

LOCATION-SPECIFIC CLOSE-OUT AND SCHEDULING TEXT – include information about next contact (12-month home visit) and verification of contact information.