OMB #: 0925-0593
Expiration Date: 7/31/2013
Birth Visit Interview, Phase II

Recruitment Strategy Substudy

Event Name(s):
Birth Visit Interview (EH, PB, HI)

Instrument Name(s) and Versions:
Birth Visit Interview (EH, PB, HI) – 1.1

Recruitment Groups:
Enhanced Household, Provider-Based, and High Intensity

Birth Visit Interview (EH, PB, HI, LI)

TABLE OF CONTENTS

Birth Visit Interview (EH, PB, HI, LI)

INTERVIEW INTRODUCTION

(TIME_STAMP_1) PROGRAMMER INSTRUCTION: INSERT DATE/TIME STAMP

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.

INTERVIEWER-COMPLETED QUESTIONS

(MULTIPLE) WAS THIS A MULTIPLE BIRTH?

YES.....1 **(MULTIPLE_NUM)**
NO .....2 **(BABY_NAME)**

(MULTIPLE_NUM) HOW MANY BABIES WERE DELIVERED?

|___|___|
NUMBER

(CHILD_DOB) WHAT WAS THE BABY'S DATE OF BIRTH?

MONTH: |___|___|
M M
DAY: |___|___|
D D

YEAR: |___|___|___|___|
Y Y Y Y

REFUSED ……-1
DON'T KNOW.....-2

BABY CHARACTERISTICS

PROGRAMMER INSTRUCTIONS:

- LOOP THROUGH QUESTIONS (**BABY_NAME** - **BABY_BWT**) FOR TOTAL NUMBER OF BABIES DELIVERED
- BASED ON NUMBER OF LOOPS, DISPLAY APPROPRIATE ADJECTIVES (E.G. "FIRST" OR "NEXT," "BABY" OR "BABIES"

BC001/ **(BABY_NAME)** During this interview, we would like to refer to your {baby/babies} by name.

[IF SINGLE BABY] What name would you like me to use to talk about your baby?

[IF TWIN OR OTHER MULTIPLES] Let's start with your first [twin/triplet/higher order birth. What name would you like me to use to talk about your [first/next] 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)

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

_____

MIDDLE NAME

(BABY_MNAME)

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

_____

LAST NAME

(BABY_LNAME)

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

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

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

BC007A/**(BABY_BWT_LB)**/**(BABY_BWT_OZ)** How much did **[BABY_NAME]** weigh when [he/she] was born?

POUNDS: |___|___|
P P
OUNCES: |___|___|
O O
REFUSED .....-1
DON'T KNOW.....-2

PROGRAMMER INSTRUCTION: IF MULTIPLE BIRTHS, PRE-FILL EITHER "your babies" OR ACTUAL NAMES – SEPARATED BY "and" AS APPROPRIATE THROUGHOUT QUESTIONNAIRE

BC008/**(LIVE_MOM)** When {[BABY'S NAME]/your babies} {leaves/leave} the hospital will [he/she/they] live with you?

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

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

BABY'S FATHER.....1
BABY'S GRANDPARENT(S).....2
OTHER FAMILY MEMBER.....3
PLACING IN FOSTER CARE.....4
PLACING FOR ADOPTION.....5
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 **(TIME_STAMP_3)**
REFUSED.....-1 **(TIME_STAMP_3)**
DON'T KNOW..... -2 **(TIME_STAMP_3)**

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
BABY'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
BABY'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 **(TIME_STAMP_4)**
REFUSED .....-1 **(TIME_STAMP_4)**
DON'T KNOW ..... -2 **(TIME_STAMP_4)**

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]/your babies} since [his/her/their] birth?

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

IF002/**(HOW_FED) How have you fed your baby?**

Breast only.....1
Bottle only 2
Both breast and bottle.....3
Other……4
REFUSED.....-1
DON'T KNOW .....-2

IF003/**(PLAN_FEED)** After you leave the hospital do you plan to feed the {baby/babies} 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_5)** PROGRAMMER INSTRUCTION: INSERT DATE/TIME STAMP

INFANT SLEEP

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

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]/your babies} 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/your babies}] to sleep…

In [his/her/their] 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]/your babies} 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_6)** PROGRAMMER INSTRUCTION: INSERT DATE/TIME STAMP

WELL BABY CARE AND IMMUNIZATIONS

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

Clinic or health center..... 1
Doctor's office or Health Maintenance Organization (HMO)..... 2
Hospital outpatient department..... 3
Some other place..... 4
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/babies} to have well-baby shots or vaccinations?

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

WB004/ **(TIME_STAMP_7)** 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.....1
WEEKS.....2
MONTHS.....3
YEARS.....4
DOESN'T PLAN TO RETURN TO WORK.....-7

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)/your babies} to receive regularly scheduled care from someone other than you or the {baby's/babies'} father?

YES 1
NO .....2 **(TIME_STAMP_8)**
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 babies}?

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_8)** 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.

_____ _____

FIRST NAME LAST NAME

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

TR003/ **(PHONE_NBR)** What is the best phone number to reach you?

INTERVIEWER INSTRUCTION: ENTER PHONE NUMBER AND CONFIRM.

|___|___|___| - |___|___|___| - |___|___|___|___|

REFUSED .....-1 **(HOME_PHONE)**
DON'T KNOW.....-2 **(HOME_PHONE)**
RESPONDENT HAS NO TELEPHONE/NOT APPLICABLE …….-7 **(HOME_PHONE)**

TR004/ INTERVIEWER INSTRUCTION: IF RESPONDENT DOES NOT HAVE A TELEPHONE NUMBER, ASK WHERE RESPONDENT RECEIVES TELEPHONE CALLS, EVEN IF THEY DO NOT HAVE THEIR OWN PHONE. ASK FOR AND RECORD THAT NUMBER.

TR005/**(PHONE_TYPE)** Is that your home, work, cell, or another phone number?

INTERVIEWER INSTRUCTION: CONFIRM IF KNOWN.

HOME .....1 **(CELL_PHONE_1)**
WORK 2
CELL.....3

FRIEND/RELATIVE.....4 **(FRIEND_PHONE_OTH)**
OTHER.....-5 **(PHONE_TYPE_OTH)**
REFUSED.....-1
DON'T KNOW.....-2

TR006. **(FRIEND_PHONE_OTH)**

SPECIFY _____

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

TR007. (**PHONE_TYPE_OTH)**

SPECIFY _____

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

TR008/**(HOME_PHONE)** What is your home phone number?

INTERVIEWER INSTRUCTION: ENTER PHONE NUMBER AND CONFIRM.

|___|___|___| - |___|___|___| - |___|___|___|___|

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

PROGRAMMER INSTRUCTION: IF **(PHONE_TYPE)/**TR005 = 3 (CELL) THEN SKIP **(CELL_PHONE_1)/**TR00X AND GO TO **(CELL_PHONE_2)/**TR106.

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

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

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 **(CELL_PHONE)**
REFUSED.....-1 **(CELL_PHONE)**
DON'T KNOW.....-2 **(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

PROGRAMMER INSTRUCTION: IF **(PHONE_TYPE)/**TR005 = 3 (CELL) AND VALID NUMBER PROVIDED IN **(PHONE_NBR)** SKIP **(CELL_PHONE)/**TR109.

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

|___|___|___|___|___|___|___|___|___|___
PHONE NUMBER

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

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

PROGRAMMER INSTRUCTION: IF **(RECENT_MOVE)** = 1 (YES) THEN GO TO HC002/**(MOVE_INFO)** ELSE GO TO TR009/**(SAME_ADDR)**.

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

ADDRESS KNOWN.....1
OUT OF THE COUNTRY.....2 **(SAME_ADDR)**
PO BOX ADDRESS ONLY 3
REFUSED.....-1 **(SAME_ADDR)**
DON'T KNOW.....-2 **(SAME_ADDR)**

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 **(MAILING ADDRESS VARIABLES)**
REFUSED .....-1**(HAVE_EMAIL)**
DON'T KNOW .....-2**(HAVE_EMAIL)**

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: _____ **(EMAIL_TYPE)**

REFUSED .....-1 **(PLAN_MOVE)**
DON'T KNOW.....-2 **(PLAN_MOVE)**

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 INSTRUCTIONS: IF RESPONDENT REPORTED A SHARED EMAIL ADDRESS IN **(EMAIL_TYPE)**, SET **(EMAIL_SHARE)** AS APPROPRIATE THEN GO TO **(PLAN_MOVE)**

YES.....1 **(PLAN_MOVE)**
NO.....2 **(PLAN_MOVE)**

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

YES.....1 **(WHERE_MOVE)**
NO..... **(TIME_STAMP_10)**
REFUSED .....**(TIME_STAMP_10)**
DON'T KNOW.....**(TIME_STAMP_10)**

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

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

TR017/**(PLAN_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 **(NEW ADDRESS VARIABLES)**
REFUSED.....-1 **(WHEN_MOVE)**
DON'T KNOW.....-2 **(WHEN_MOVE)**

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

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

_____
(NEW_ADDRESS1_B) ADDRESS 1 - STREET/PO BOX

_____
(NEW_ADDRESS2_B) ADDRESS 2

_____
(NEW_UNIT_B) UNIT

_____
(NEW_CITY_B) CITY

|___|___| |___|___|___|___|___| |___|___|___|___
STATE ZIP CODE ZIP+4

(NEW_STATE_B) (NEW_ZIP_B) (NEW_ZIP4_B)

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

TR019/ **(WHEN_MOVE)** Do you know <u>when</u> 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.....1
PROXY 2

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 **(INTERPRET)**
NO..... 2 **(CONTACT_LANG)**

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

SPANISH.....1
ARABIC.....2
CHINESE.....3
FRENCH.....4
FRENCH CREOLE.....5
GERMAN.....6
ITALIAN.....7
KOREAN.....8
POLISH.....9
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.....1
IN-PERSON PROFESSIONAL INTERPRETER.....2
IN-PERSON FAMILY MEMBER INTERPRETER.....3
LANGUAGE-LINE INTERPRETER.....4
VIDEO INTERPRETER.....5
SIGN LANGUAGE INTERPRETER.....6
OTHER **(CONTACT_INTERPRET_OTH)**..... - 5

IC009. **(CONTACT_ INTERPRET_OTH)**

SPECIFY _____.....

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

INTERVIEWER INSTRUCTION: EXPLAIN INFANT AND CHILD HEALTH CARE LOG

In order to help keep track of your child's doctor visits or other health care provider visits, we are providing you with an Infant and Child Health Care Log. At each Study visit or telephone interview, we will ask you about any health care visits your child had since the last Study visit or telephone interview. This log will help you remember that information.

The Infant and Child Health Care Log is very similar to the Pregnancy Health Care Log, and will be used the same way. The only difference is the addition of the Immunization/Vaccination/Shot Log which is where all of your child's vaccination information will need to be written down.

It will be very helpful if you use the log to write down information whenever your child receives health care, so that you will be able to remember it accurately during NCS Study visits or telephone interviews.