Mother Interview

OMB #: 0925-0593

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LOI2-QUEX-13

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Interview Introduction

IN001.	ID	Number
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Thank you for agreeing to participate in this study. We are about to begin the interview portion of today's home visit, which will take about an hour to complete. Your answers are important to us. There are no right or wrong answers, just those that help us to understand your situation. There are questions about where you live, your lifestyle routines, and your pregnancy during this interview and you can always refuse to answer any question or group of questions.

IN002.	Are you	ready to begin?
		YES
		Household Composition and Demographics: Part 1
DE002.	are tem	any people, both children and adults, live in this household? Include any persons who usually stay here but porarily away on business, vacation, in the hospital, on full-time active military duty, or students living rily away from home. Do not include anyone who is in a nursing home or other institution including, what is the total number of people who live here?
		NUMBER
		REFUSED
		BOX DE01
		CHECK ITEM: ■ IF DE002 = "1", GO TO DE009. ■ OTHERWISE, CONTINUE WITH DE003.
DE003.	How ma	ny people live in your household who are age 0-5 years? 6-10 years? 11-17 years? >18 years?
DE008.	Is the bi	ological father of your baby living in this household?
		YES 1 NO 2 DECEASED 3 REFUSED 97 DON'T KNOW 98

Target: Mother

DE009. Now I'd like to ask about your marital status. What is your current marital status? Are you:

INTERVIEWER INSTRUCTION: CONFIRM IF KNOWN.

Married,	01
Not married but living together with a partner of the opposite sex,	02
Not married but living together with a partner of the same sex,	03
Widowed,	04
Divorced,	05
Separated, or	06
Never been married?	07
REFUSED9-	-97
DON'T KNOW 9-	-98

BEGIN LOOP DE01

- ASK DE010-DE013 ABOUT RESPONDENT.
- CYCLE THROUGH DE010-DE013 ABOUT THE BIOLOGICAL FATHER OF BABY UNLESS DE008 IS CODED '3'
- CYCLE THROUGH AND ASK DE010-DE013 ABOUT SPOUSE OR RESIDENT PARTNER IF THIS IS NOT THE BIOLOGICAL FATHER (RECORD CODED '2' IN DE008).

DE010. {Do you} consider yourself to be Hispanic, or Latino/a?

INTERVIEWER INSTRUCTION:

IF ASKING ABOUT A FEMALE HOUSEHOLD MEMBER READ LATINA.

YES	1	
NO	2	(DE012)
REFUSED	97	(DE012)
DON'T KNOW	98	(DE012)

DE011. Please give me the number of the group that represents {your/NAME's} Hispanic origin or ancestry.

SHOW CARD DE2.

PUERTO RICAN	01
CUBAN/CUBAN AMERICAN	02
DOMINICAN (REPUBLIC)	03
MEXICAN	04
MEXICAN AMERICAN	05
CENTRAL OR SOUTH AMERICAN	06
OTHER	96
REFUSED	-97
DON'T KNOW9	-98

Target: Mother

DE012. What race do you consider yourself 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
SOME OTHER RACE? (SPECIFY):	_ 6
REFUSED	997
DON'T KNOW	98—98

DE013. Please look at the card and tell me what is the **highest** degree or level of school that {you/NAME} {have/has} completed?

SHOW CARD DE3.

NO SCHOOL	01
ELEMENTARY	
NURSERY SCHOOL TO 4 TH GRADE	02
5 TH -6 TH GRADE	03
7 TH -8 TH GRADE	04
HIGH SCHOOL	
9 TH GRADE	05
10 TH GRADE	06
11 [™] GRADE	
12 TH GRADE (NO DIPLOMA)	
HIGH SCHOOL DIPLOMA	
GED OR EQUIVALENT	10
COLLEGE	
SOME COLLEGE CREDITS, BUT LESS THAN 1 YEAR	
1 OR MORE YEARS OF COLLEGE, BUT NO DEGREE	12
ASSOCIATE DEGREE: OCCUPATIONAL, TECHNICAL, OR	
VOCATIONAL PROGRAM	
ASSOCIATE DEGREE: ACADEMIC PROGRAM	
BACHELOR'S DEGREE (e.g., BA, BS)	15
GRADUATE	
MASTER'S DEGREE (e.g., MA, MS, MSW, MEng, MBA)	16
PROFESSIONAL SCHOOL DEGREE (e.g., MD, DDS, DVM, JD)	17
DOCTORAL DEGREE (e.g., Ph.D., Ed.D.)	18
REFLISED 9-	-97

Visit Type: T1 Mom Target: Mother

DON'T KNOW	998

END LOOP DE01

- ASK DE010-DE013 ABOUT THE BIOLOGICAL FATHER OF BABY (UNLESS DE008 IS CODED '3')
- ASK DE010-DE013 ABOUT SPOUSE OR RESIDENT PARTNER IF THIS IS NOT THE BIOLOGICAL FATHER (RECORD CODED "1" OR "12" IN DE007 AND RECORD CODED '2' IN DE008).
- WHEN COMPLETE, CONTINUE WITH NEXT SECTION.

DM001.	These next of	questions are	about yo	ur backgrour	nd and	cultural	heritage.

What is your date of birth, enter month and year only

DM002. Were you born in the United States?

YES	1	(DM005)
NO	2	
REFUSED	997	(DM005)
DON'T KNOW	998	(DM005)

DM003. In what country were you born?

INTERVIEWER INSTRUCTION: SELECT COUNTRY FROM LIST.

(Source: U.S. State Department List, Independent States in the World)

REFUSED	997
DON'T KNOW	998

DM004. About how long have you lived in the United States?

INTERVIEWER INSTRUCTION: IF LESS THAN ONE YEAR, ENTER "00".

|__|_ YEARS

REFUSED	997
DON'T KNOW	998

Target: Mother

DM005. Was your mother born in the United States?	

DM007. Was your father born in the United States?

YES	1	(DM009)
NO	2	
REFUSED	997	(DM009)
DON'T KNOW	998	(DM009)

DM009 What language do you prefer to speak?

English	1 (DM007)
Spanish	2
Chinese	3
Japanese	4
Korean	5
Tagalong	
OTHER7	(GO TO DM009A)
Snecify.	,

DM009A Please Specify:_

Target: Mother

Other, please specify

Acculturation (20-item scale, adapted from Zea, et al)

FOR ALL RESPONDENTS

Instructions: Please mark the number from the scale which best corresponds to your answer.

1	. 2	3	4
Strongly	Disagree	Agree	Strongly
Disagree	Somewhat	Somewhat	Agree

- 1. I think of myself as being U.S. American.
- 2. I feel good about being U.S. American.
- 3. I feel that I am part of U.S. American culture.
- 4. I have a strong sense of being U.S. American.
- 5. I am proud of being U.S. American.

FOR ANY RESPONDENT THAT ANSWERED "YES" TO Hispanic/Latina ethnicity" question – CONTINUE through item 20.

FOR ALL OTHERS - SKIP to next section.

- 6. I think of myself as being Hispanic or Latina.
- 7. I feel good about being Hispanic or Latina.
- 8. I feel that I am part of Hispanic or Latina.
- 9. I have a strong sense of being Hispanic or Latina.
- 10. I am proud of being Hispanic or Latina.

1	2	3	4
Not at all	A little	Pretty Well	Extremely Well

- 11. How well do you speak English?
- 12. How well do you understand English?
- 13. How well do you speak Spanish?
- 14. How well do you understand Spanish?
- 15. How well do you know popular US American actors and actresses?
- 16. How well do you know US American history?
- 17. How well do you know US American political leaders?
- 18. How well do you know popular actors and actresses from Latin America?
- 19. How well do you know the history of Latin America?
- 20. How well do you know political leaders from Latin America?

Target: Mother

Discrimination

1590

N. Krieger et al. / Social Science & Medicine 61 (2005) 1576-1596

Appendix 1

Experiences of Discrimination, worry, global, and Williams questions on racial discrimination, in English and Spanish.

Measure	Question (English version)	Stem
Experience of Discrimination (EOD)	Introduction: "This next section is going to ask about how you and others like you are treated, and how you typically respond"	
Response to unfair treatmentf	If you feel you have been treated unfairly, do you usually: (please select the best response)	 Accept it as a fact of life Try to do something about it
	If you have been treated unfairly, do you usually: (please select the best response)	 Talk to other people about it Keep it to yourself
Discrimination	Have you ever experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior in any of the following situations because of your race, ethnicity, or color?	For each situation to which the participant replied "yes" (versus "no"), the follow-up question was: How many times did this happen?
	 (1) At school? (2) Getting hired or getting a job? (3) At work? (4) Getting housing? (5) Getting medical care? (6) Getting service in a store or restaurant? (7) Getting credit, bank loans, or a mortgage? (8) On the street or in a public setting? (9) From the police or in the courts? 	 Once Two or three times Four or more times

Target: Mother

Day-to-day unfair treatment

In your day-to-day life, how often have any of the Response options were: following things happened to you?

- (1) You have been treated with less courtesy than other people
- (2) You have been treated with less respect than other people
- (3) You have received poorer service than other people at restaurants or stores
- (4) People have acted as if they think you are not smart
- (5) People have acted as if they are afraid of you
- (6) People have acted as if they think you are dishonest
- (7) People have acted as if they're better than you are
- (8) You have been called names or insulted
- (9) You have been threatened or harassed
- (10) You have been followed around in stores

- 1. Four or more times
- 2. Two or three times
- 3. Once
- 4. Never

Respondents who indicated any of these events occurred at least once were then asked one question, covering all the situations: What do you think was the main

reason for this/these experience(s)?

- 1. Your ancestry or national origins
- 2. Your gender
- 3. Your race
- 4. Your age
- 5. Your religion
- 6. Your height or weight
- 7. Your shade of skin color
- 8. Your sexual orientation
- 9. Your education or income level
- 10. A physical disability
- 11. Other

Response to unfair treatment

How did you respond to this/these experience(s)? Please tell me if you did each of the following things.

- (1) Tried to do something about it
- (2) Accepted it as a fact of life
- (3) Worked harder to prove them wrong
- (4) Realized that you brought it on yourself
- (5) Talked to someone about who you were feeling
- (6) Expressed anger or got mad
- (7) Prayed about the situation

Response option for each item:

- 1. Yes
- 2. No

it Type: T1 Mom Target: Mother



2010 Behavioral Risk Factor Surveillance System Questionnaire

Module 16: Reactions to Race

Earlier I asked you to self-identify your race. Now I will ask you how other people identify you and treat you.

1. How do other people usually classify you in this country? Would you say: White, Black or African American, Hispanic or Latino, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, or some other group?

(361)

- 1 White
- 2 Black or African American
- 3 Hispanic or Latino
- 4 Asian
- 5 Native Hawaiian or Other Pacific Islander
- 6 American Indian or Alaska Native
- 8 Some other group (please specify) ___
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER NOTE: If the respondent requests clarification of this question, say: "We want to know how OTHER people usually classify you in this country, which might be different from how you classify yourself." 2010 BRFSS Questionnaire/Final/11.18. 2009 58

Target: Mother

n	iccrim	ination	Related	Strace
IJ	15611111	mauun	nelateu	JU 633

Now I would like to ask you some questions related to stress caused by discrimination.	
In general how much stress has discrimination caused you in the <u>past year</u> ?	
None	
A Little	
Some	
☐ A lot	
Extreme	
In general how much stress has discrimination caused you over your lifetime?	
in general now much sites has discrimination edused you aver your meaning.	
None	
A Little	
Some	
☐ A lot ☐ Extreme	
DM020. I'd like to find out how you see yourself in relation to other people in the United States.	
DM021. Please look at this card. Think of this ladder as representing where people stand in the United States. At top of the ladder are the people who are the best off – those who have the most money, the most education a the most respected jobs. At the bottom are the people who are the worst off – who have the least money, leaducation, and the least respected jobs or no job. Where would you place yourself on this ladder?	nd
Please point to the rung where you think you stand at this time in your life, relative to other people in the Unit States.	ed
SHOW CARD DM1.	
RUNG A	
RUNG B	
RUNG C 03	
RUNG D	
RUNG E	
RUNG G	
RUNG H	
RUNG I	
RUNG J	

Target: Mother

DON 1 KNOW 9-30		DON'T KNOW	998
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Subjective Social Status, a new Measure in Health Disparities Research

Wolf, Lisa S., Acevedo-Garcia, Dolores., Subramanian, S.V., Weber, Deanne., Kawa Chi, Ichiro. Subjective Social Status, a New Measure in health Disparities Research: Do Race/ Ethnicity and Choice of Referent Group matter? J. Health Psychol 2010 15:560

Please think about success in life. Some people are better off-they have more money, more education, and better jobs. Other people are worse off they have less money, less education, and worse jobs. Please check a box indicating whether you are a lot worse off, somewhat worse off, about the same, somewhat better off, or a lot better off than the following:

(1) Others in American society

A lot wo	rse off	About the same	A]	lot better off
	Somewhat worse off	Somewha	at better off	
1	2	3	4	5

Are you a lot worse off, somewhat worse off, about the same, somewhat better off, or a lot better off than:

(2) Others of your same race or ethnicity

A lot worse	off	About the same	A lot bett	er off
	Somewhat worse off	Somewhat 1	petter off	
1	2	3	4	5 .

Are you a lot worse off, somewhat worse off, about the same, somewhat better off, or a lot better off than:

(3) Your neighbors

A	lot worse off	About the same	A lot better off
	Somewhat worse off	Somewhat better	off
1	2	3 4	5

Are you a lot worse off, somewhat worse off, about the same, somewhat better off, or a lot better off than:

T1 First Time Mother Interview Questions 2/9/11

Visit Type: T1 Mom

Target: Mother

Health Literacy

Visit Type: T1 Mom
Target: Mother

THIS INFORMATION IS ON THE BACK OF A CONTAINER OF A PINT OF ICE CREAM. PLEASE READ THE INFORMATION AND ANSWER THE FOLLOWING QUESTIONS.

1. If you eat the entire container, how many calories will you eat?

2. If you are allowed to eat 60 grams of carbohydrates as a snack, how much ice cream could you have?

3. Your doctor advises you to reduce the amount of saturated fat in your diet. You usually have 42 g of saturated fat each day, which includes one serving office cream. If you stop eating ice cream, how many grams of saturated fat would you be consuming each day? Vings per container

Amount per serving		
Calories 250	Fat Cal	120
		%DV
Total Fat 13g		20%
Sat Fat 9g		40%
Cholesterol 28mg		12%
Sodium 55mg		2%
Total Carbohydrate 3	0g	12%
Dietary Fiber 2g		
Sugars 23g		
Protein 4g		8%

*Percentage Daily Values (DV) are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.

Ingredients: Cream, Skim Milk, Liquid Sugar, Water, Egg Yolks, Brown Sugar, Milkfat, Peanut Oil, Sugar, Butter, Salt, Carrageenan, Vanilla Extract.

Target: Mother

1. If you usually eat 2500 calories in a day, what percentage of your daily value of calories will you be eating if you eat one serving?

Visit Type: T1 Mom Target: Mother

Short Test of Functional Literacy in Adults STOFHLA READING COMPREHENSION

HAND PATIENT THE READING COMPREHENSION PASSAGES TO BE COMPLETED. FOLD BACK THE PAGE OPPOSITE THE TEXT SO THAT THE PATIENT SEES ONLY THE TEXT.

PREFACE THE READING COMPREHENSION EXERCISE WITH:

"Here are some other medical instructions that you or anybody might see around the hospital. These instructions are in sentences that have some of the words missing. Where a word is missing, a blank line is drawn, and 4 possible words that could go in the blank appear just below it. I want you to figure out which of those 4 words should go in the blank, which word makes the sentence make sense. When you think you know which one it is, circle the letter in front of that word, and go on to the next one. When you finish the page, turn the page and keep going until you finish all the pages."

STOP AT THE END OF 7 MINUTES

PASSAGE A: X-RAY PREPARATION

PASSAGE B: MEDICAID RIGHTS AND RESPONSIBILITIES

Maternal Medical History

MC001. Next, I have some general questions about your health and health insurance.

DM013. Do you **currently** have insurance through a current or former employer or union either through yourself or another family member?

YES	1
NO	2
REFUSED	997
DON'T KNOW.	998

DM015. (Do you currently have:)

Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability?

'ES	1
IO	2

Target: Mother

	REFUSED
MC002.	Would you say your health in general is
	Excellent, 1 Very good, 2 Good, 3 Fair, or. 4 Poor? 5 REFUSED 997 DON'T KNOW 998
MC012.	Have you ever been told by a doctor or other health care provider that you had any of the following conditions? YES NO REF DK
MC017 MC018 MC044. MC045. MC046. MC050.	Hypertension or high blood pressure when you're not pregnant? Diabetes when you're not pregnant Bipolar disorder? Depression, other than bipolar disorder? An anxiety disorder, such as generalized anxiety disorder or obsessive compulsive disorder (OCD)? Any other chronic or long lasting conditions?
	YES
MC051.	What other chronic condition or conditions were you diagnosed with?
	OTHER CONDITION
	REFUSED
	Doctor Visits and Hospitalizations and Experiences with Care

I am now going to ask some questions about visits to a doctor or other health care provider.

In the 12 months before you knew you were pregnant did you have a visit to a doctor or other health provider?

YES	1
NO	2
REFUSED	997
DON'T KNOW	998

In the 12 months before you knew you were pregnant did you have a visit to a doctor or other health provider where you discussed plans for pregnancy?

Target: Mother

	YES	1
	NO	
	REFUSED	
	DON'T KNOW	
	DON'T NIGOV	5 56
DV001.	Is there a place that you <u>usually</u> go to when you are sick or need	d advice about your health?
	YES	1
	NO	2
	THERE IS MORE THAN ONE PLACE	3
	REFUSED	9-97
	DON"T KNOW	9-98
DV002.	[If DV001=3, "What kind of place do you go to most often?]	Is it a doctor's office, emergency room, hospital
outpatie	nt department, clinic, or some other place?	
	DOCTOR'S OFFICE	1
	HOSPITAL EMERGENCY ROOM	2
	HOSPITAL OUTPATIENT DEPARTMENT	3
	CLINIC OR HEALTH CENTER	
	SOME OTHER PLACE	
	DOES NOT GO TO ONE PLACE MOST OFTEN	-
	REFUSED	
	DON"T KNOW	
	DON 1 KNOW	9-90
DV003.	A personal doctor or nurse is a health professional who know This can be a general doctor, a specialist doctor, a nurse pract or more persons you think of as your personal doctor or nurse?	itioner, or a physician's assistant. Do you have one
	YES, ONE PERSON	
	YES, MORE THAN ONE PERSON	
	NO	
	REFUSED	
	DON"T KNOW	9-98
DV004.	Sometimes people have difficulty getting health care when the well as other kinds of care like dental care and mental health s	
	time when you needed health care but it was delayed or not rec	ceived?
	NO2	
		-
	REFUSED	
	DON"T KNOW	9-98
DV005.	What type of care was delayed or not received?	
	MEDICAL CARE	1
	DENTAL CARE	2
	MENTAL HEALTH SERVICES	3
	SOMETHING ELSE	4
	REFUSED	
	DON'T KNOW	9-98

Target: Mother

DV006.	•	•	n ala you get the specific inform	nation you needed from your doctors and other
	health c	care providers?		
				-
				-
		ALWAYS		4
		REFUSED		9-97
		DON'T KNOW		9-98
DV008.	When v	ou get written information a	t a doctor's office, would you s	say it is very easy, somewhat easy, somewhat
	-	or very difficult to understar		, ,,
	,	•		1
		SOMEWHAT DIFFICULT.		3
			FORMATION	
	1. Ho	w confident are you fill	ling out medical forms by	yourself?
	[] Ex	ktremely sure		
		uite a bit sure		
	-	omewhat sure		
		little bit sure		
	□ N	ot at all sure		
				elp you when you read terial from your doctor or
		armacy?	,	
	□ N€	ever		
		rely		
		metimes		
	□ Of			
	□ Al	ways		
D\/009	[If I ANG	UAGE ENGLISH THEN SK	IP TO NEXT SECTION!	
D 1000.	-			a language used by another person. During the
		The state of the s		his/her] doctors or other health care providers?
	past 12		merpreter to help speak with [i	-
			2 [SKIP TO NE	
			2 [31(11-10-1)]	<u>-</u>
		NLFU3LD		
		DON'T KNOW		0_08
		DON'T KNOW		9-98
DV010.	When y			9-98 someone other than a family member to help
DV010.			now often were you able to get	
DV010.		ou needed an interpreter, heak with [his/her] doctors or o	now often were you able to get	someone other than a family member to help
DV010.		ou needed an interpreter, heak with [his/her] doctors or one NEVER	now often were you able to get other health care providers?	someone other than a family member to help

T1 First Time Mother Interview Questions 2/9/11

Visit Type: T1 Mom Target: Mother

ALWAYS	4
REFUSED	9-97
DON'T KNOW	0-09

Visit Type: T1 Mom Target: Mother

Knowledge of Infant Development

(KNOWLEDGE OF INFANT DEVELOPMENT INVENTORY, KIDI)

Each of the following statements ask about the age at which infants can do something. If you think the age is about right, then "Agree" with the statement. If you don't agree, then decide whether a Younger or Older infant could do it. If you aren't sure of the age, answer "Not Sure".

		DISA	GREE	
ITEM	AGREE	Younge	r Older	NOT SURE
a. A baby is about seven months old before he or she can reach for or grab things.	1	2	3	8
b. A one year old knows right from wrong.	1	2	3	8
c. Most infants are ready to be toilet trained by one years of age.	1	2	3	8
d. An infant will begin to respond to hiso r her name at ten months.	1	2	3	8
e. one year olds often cooperate and share when they play together	1	2	3	8
f. An infant of 12 months can remember toys he or she has watched being hidden	1	2	3	8
g. A baby usually says this or her first real Word at six months.	1	2	3	8

ACASI

Target: Mother

Al001. These next questions may be somewhat sensitive. Like all of the other questions that you have answered today, your response will be kept confidential. If you are not sure about an answer, give us your best estimate. If you'd like you can listen to the questions using headphones and enter your information directly into the computer. You can also listen to the questions without headphones or I can read the questions to you.

Which would you prefer? Would you like to:

Listen to the questions on your own using headphones, 1
Listen to the questions on your own without headphones, or 2
Have me read the questions to you? 3 (EOS)

ACASI Practice

AP001. The first two questions are practice questions and are not part of the study. They will help you learn how to use this computer. Remember that you need to press the 'NEXT' button after you have answered each question. If at any time you make a mistake answering a question, you can press the 'CLEAR' button to erase your answer and then select the correct answer. Press "NEXT" to see the first practice question.

AP002. What is your favorite soft drink?

Coke 1
Pepsi 2
Sprite 3
7-Up 4
Another soft drink 5

REFUSED 9--97

DON'T KNOW 9--98

AP003. During a typical week, how many movies do you watch?

|__|_| NUMBER OF MOVIES

REFUSED 9--97 DON'T KNOW 9--98

AP004. You have now completed the practice questions and are ready to begin the study questions. If at any point, you don't know the answer to a question or prefer not to answer, press the "NEXT" button without selecting an answer and follow the computer's instructions. Let your interviewer know if you need help while answering the questions on your own.

Please put on the headphones now. Your interviewer will help you adjust the volume. When you are ready, press 'NEXT' to see the first question.

T1 Mom Visit: ACASI - Family Income

Target: Mother

FI001.	Family income is important in analyzing the data we collect and is often used in s groups of people who are similar. Please remember that all the data you provide is co	
FI010.	Of these income groups, which category best represents {your/the total combined for CALENDAR YEAR}? Remember, a family is a group of two or more people who live to by birth, marriage, or adoption.	
	Less than \$4,999 01 \$5,000-\$9,999 02 \$10,000-\$19,999 03 \$20,000-\$29,999 04 \$30,000-\$39,999 05 \$40,000-\$49,999 06 \$50,000-\$74,999 07 \$75,000-\$99,999 08 \$100,000-\$199,000 09 \$200,000 or more 10 REFUSED 997 DON'T KNOW 998	(FI012) (FI012) (FI012) (FI012) (FI012)
FI011.	Was your total family income in {LAST CALENDAR YEAR} before taxes:	
	\$20,000 or more, or	
FI012.	Are there any other family members, not living in this household, who are also support	ted by this income?
	Yes	(EOS)
Includin	ng yourself, how many adults in your household contribute to the family income?	(===)
FI013.	How many other family members, not living in this household, are supported by this in	come?
	NUMBER REFUSED997	

Target: Mother

T1: Mom Visit- Reading Comprehension

#ADD WOODCOCK JOHNSON, WOODCOCK MUNOZ

TR001. I'd like to confirm the contact information you previously provided of friends or relatives not currently living with you. We may use this information in case we have trouble contacting you in the future.

TR002.	Is {NAME} still a good person to contact in case we have trouble reaching you	ı?	
	YES NOREFUSEDDON'T KNOW.	2 997	(BOX TR04)
TR003.	Does {NAME} still live at {STREET} {CITY}, {STATE} {ZIP CODE}?		
	YES YES WITH CORRECTIONS NO, NEW ADDRESS NEEDED REFUSED DON'T KNOW	2 3 997	(TR005)
TR004.	What is {NAME}'s correct address?		
	INTERVIEWER INSTRUCTIONS: PROMPT AS NECESSARY TO COMPLETE INFORMATION STREET		
	SIREEI		
	CITY		
	_ _ _ STATE ZIP CODE		
	REFUSEDDON'T KNOW		
TR005.	Is {NAME}'s telephone number still {PHONE NUMBER}?		
	YES YES WITH CORRECTIONS NO, NUMBER HAS BEEN CHANGED	2	(BOX TR04)
	REFUSEDDON'T KNOW		-
		5 -50	(50% 1104)

Target: Mother

TR006.	What is {NAME}'s phone number?		
	_ _ _ _ _ PHONE NUMBER		
	NONE	991	
	REFUSED		
	DON'T KNOW	998	
TR007.	What is his/her email address?		
TR012.	{Sometimes if people move or change their telephone number, we have difficu name of a friend or relative not currently living with you who should know when have trouble contacting you?	-	= -
	YES	1	
	NO		(TR021)
	REFUSED		•
	DON'T KNOW	998	(TR021)
TR013.	What is this person's name?		
	INTERVIEWER INSTRUCTION: CONFIRM SPELLING OF FIRST AND LAST NAMES.		
	FIRST NAME LAST NAME		
	REFUSED	997	(TR021)
	DON'T KNOW		•
TR014.	What is his/her relationship to you?		
	MOTHER/FATHER	01	
	BROTHER/SISTER		
	AUNT/UNCLE	03	
	GRANDPARENT	04	
	NEIGHBOR	05	
	FRIEND		
	OTHER (SPECIFY):		
	REFUSEDDON'T KNOW		
TR015.	What is his/her address?		
	INTERVIEWER INSTRUCTIONS: PROMPT AS NECESSARY TO COMPLETE INFORMATION		

Target: Mother

	STREET		
	CITY		
	STATE ZIP CODE		
	REFUSED DON'T KNOW		(BOX TR08)
TR016.	What is his/her telephone number?		
	_ _ _ _ PHONE NUMBER		
	NONEREFUSEDDON'T KNOW	997	
TR016B.	. What is his/her email address?		
	Now I'd like to collect information on a second contact. What is this person's n INTERVIEWER INSTRUCTION: CONFIRM SPELLING OF FIRST AND LAST NAMES.	ame?	
	FIRST NAME LAST NAME		
	NO SECOND CONTACT PROVIDEDREFUSEDDON'T KNOW	997	(TR021)
TR018.	What is his/her relationship to you?		
	MOTHER/FATHER BROTHER/SISTER AUNT/UNCLE GRANDPARENT NEIGHBOR FRIEND OTHER (SPECIFY):	02 03 04 05 06 96 97	
	DON'T KNOW	998	

TR019. What is his/her address?

INTERVIEWER INSTRUCTIONS:

Visit Type: T1 Mom Target: Mother

PROMPT AS NECESSARY TO COMPLETE INFORMATION

	STREET		
	CITY		
	L_ _ L_ _ STATE ZIP CODE		
	REFUSED DON'T KNOW		(BOX TR021)
TR020. What is	s his/her telephone number?		
	_ _ _ _ PHONE NUMBER		
	NONEREFUSEDDON'T KNOW	. 997	

TR021. What is his/her email address?

TR022. Thank you for answering these questions. This completes the interview.