

Father Interview

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 Father Interview

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Father Interview

**INTERVIEW INTRODUCTION**

**(TIME\_STAMP\_1) PROGRAMMER INSTRUCTION:**

* INSERT DATE/TIME STAMP

**IN001/(PARTICIPANT\_SEX).** WHAT IS THE SEX OF THE FATHER?

MALE 1

FEMALE 2

REFUSED -1

DON’T KNOW -2

INTERVIEWER INSTRUCTION:

* DO NOT ADMINISTER PARTICIPANT\_SEX TO THE FATHER.

IN002/(F\_INT\_READY). Are you ready to begin?

YES 1

NO 2 **(TIME\_STAMP\_13)**

**INTERVIEWER INSTRUCTION:**

* DETERMINE IF BETTER TIME TO CONTACT FATHER FOR INTERVIEW.

**DEMOGRAPHICS: PART 1**

**(TIME\_STAMP\_2) PROGRAMMER INSTRUCTION:**

* INSERT DATE/TIME STAMP

DE020A/(AGE\_ELIG).

**PROGRAMMER INSTRUCTION:**

* BASED ON **DOB\_CONFIRM** OR **PERSON\_DOB** FROM THE PARTICIPANT CONSENT AND VERIFICATION INSTRUMENT, CALCULATE **AGE**. USING KNOWN LOCAL AGE OF MAJORITY DETERMINE IF HE IS ELIGIBLE (AT LEAST AGE OF MAJORITY AND LESS THAN AGE 50 ); SET **AGE\_ELIG** AS APPROPRIATE

PARTICIPANT IS AGE-ELIGIBLE 1

PARTICIPANT IS YOUNGER THAN AGE OF MAJORITY 2 **(END)**

AGE ELIGIBILITY IS UNKNOWN -6

**INTERVIEWER INSTRUCTION:**

IF **AGE\_ELIG** =-6 FLAG CASE FOR SUPERVISOR REVIEW AT SC TO CONFIRM AGE ELIGIBILITY POST-INTERVIEW.

DE030/(F\_RELATE). Are you the child's…

Biological father,…... 1 **(CURRENT\_PARENT)**

Step father, 2 **(CURRENT\_PARENT)**

Foster father or male guardian, or 3 **(CURRENT\_PARENT)**

Do you have some other relationship to child? -5

REFUSED -1 **(CURRENT\_PARENT)**

DON’T KNOW -2 **(CURRENT\_PARENT)**

**DE030A/(F\_RELATE\_OTH)**. SPECIFY RELATIONSHIP TO CHILD

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

REFUSED -1

DON’T KNOW -2

**PROGRAMMER INSTRUCTION:**

* LIMIT TEXT TO 255 CHARACTERS.

DE035/(CURRENT\_PARENT). Not including your unborn child, are you the parent of any other children?

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

DE040/(F\_MARISTAT). I’d like to ask about your marital status. Are you:

**INTERVIEWER INSTRUCTION:**

* PROBE FOR CURRENT MARITAL STATUS.

Married, 1

Not married, but living together with a partner 2

Never been married, 3

Divorced, 4

Separated, or 5

Widowed? 6

REFUSED -1

DON’T KNOW -2

**PROGRAMMER INSTRUCTIONS:**

* IF FIRST FATHER INTERVIEW, GO TO **ETHNICITY**.
* OTHERWISE, IF SUBSEQUENT FATHER INTERVIEW, GO to **THINK\_RACE**.

DE070/(ETHNICITY). Do you consider yourself to be Hispanic, Latino/a or Spanish origin?

INTERVIEWER INSTRUCTIONS:

* SELECT ALL THAT APPLY.
* PROBE: Anything else?

No, not of Hispanic, Latino, or Spanish origin 1

Yes, Mexican, Mexican American, Chicano/a 2

Yes, Puerto Rican 3

Yes, Cuban 4

Yes, Another Hispanic, Latino/a, or Spanish origin 5

REFUSED -1

DON’T KNOW -2

DE080/(RACE). What race do you consider yourself to be? You may select one or more.

INTERVIEWER INSTRUCTIONS:

* IF USING SHOWCARDS, REFER PARTICIPANT TO APPROPRIATE SHOWCARD.
* OTHERWISE, READ RESPONSE CATEGORIES TO PARTICIPANT.
* SELECT ALL THAT APPLY.
* CODE “OTHER” ONLY IF VOLUNTEERED.
* PROBE: Anything else?

WHITE, 1

BLACK OR AFRICAN AMERICAN, 2

AMERICAN INDIAN OR ALASKA NATIVE, 3

ASIAN INDIAN 4

CHINESE 5

FILIPINO 6

JAPANESE 7

KOREAN 8

VIETNAMESE 9

OTHER ASIAN 10

NATIVE HAWAIIAN 11

GUAMANIAN OR CHAMORRO 12

OTHER PACIFIC ISLANDER 13

SAMOAN 14

SOME OTHER RACE -5

REFUSED -1

DON’T KNOW -2

**PROGRAMMER INSTRUCTIONS:**

* IF **RACE** = ANY COMBINATION OF 1 THROUGH 15,GO TO **THINK\_RACE.**
* IF **RACE** = ANY COMBINATION OF 1 THROUGH 15AND -5**,** GO TO **RACE\_OTH.**
* IF **RACE** = -5**,** GO TO **RACE\_OTH.**
* IF **RACE** = -1 OR -2, DO NOT ALLOW ANY OTHER RESPONSES AND GO TO **THINK\_RACE.**

DE080A/(RACE\_OTH).

SPECIFY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REFUSED -1

DON’T KNOW -2

PROGRAMMER INSTRUCTION:

* LIMIT FREE TEXT TO 255 CHARACTERS.

DE090/(THINK\_RACE). How often do you think about your race?

Never 1

Once a year 2

Once a month 3

Once a week 4

Once a day 5

Constantly 6

REFUSED -1

DON’T KNOW -2

DE100/(TREAT\_OTHER\_RACES). Within the past 12 months, do you feel you were treated worse than, the same as, or better than people of other races?

Worse than other races 1

The same as other races 2

Better than other races 3

REFUSED -1

DON’T KNOW -2

DE110/(HCARE\_OTHER\_RACES). Within the past 12 months, when seeking health care, do you feel your experiences were worse than, the same as, or better than for people of other races?

Worse than other races 1

The same as other races 2

Better than other races 3

No health care in past 12 months -6

REFUSED -1

DON’T KNOW -2

DE120/(PHYSICAL\_SX\_30D). Within the past 30 days, have you experienced any physical symptoms for example, a headache, an upset stomach, tensing of your muscles, or a pounding heart as a result of how you were treated based on your race?

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

DE130/(EMOT\_SX\_30D). Within the past 30 days, have you felt emotionally upset, for example angry, sad, or frustrated as a result of how you were treated based on your race;?

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

PROGRAMMER INSTRUCTIONS:

* IF FIRST FATHER INTERVIEW, GO TO ENGLISH\_WELL.
* OTHERWISE, IF SUBSEQUENT FATHER INTERVIEW, GO TO HCD012.

DE150/(ENGLISH\_WELL). How well do you speak English? Would you say…

Very well, 1

Well, 2

Not well, or 3

Not at all? 4

REFUSED -1

DON’T KNOW -2

DE155/(ENGLISH\_LANG). Do you speak a language other than English at home?

YES 1

NO 2  **(DIFF\_HEAR)**

REFUSED -1 **(DIFF\_HEAR)**

DON’T KNOW -2 **(DIFF\_HEAR)**

DE160/(OTHER\_LANG). What is this language?

Spanish 1 **(DIFF\_HEAR)**

Other -5

REFUSED -1 **(DIFF\_HEAR)**

DON’T KNOW -2 **(DIFF\_HEAR)**

DE160A/(OTHER\_LANG\_OTH).

SPECIFY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REFUSED -1

DON’T KNOW -2

PROGRAMMER INSTRUCTION:

* LIMIT FREE TEXT TO 255 CHARACTERS.

DE170/(DIFF\_HEAR). Are you deaf or do you have serious difficulty hearing?

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

DE180/(DIFF\_SEE). Are you blind or do you have serious difficulty seeing, even when wearing glasses?

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

DE190/(DIFF\_CONCENTRATE). Because of physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

DE200/(DIFF\_WALK). Do you have serious difficulty walking or climbing stairs?

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

DE210/(DIFF\_DRESS). Do you have difficulty dressing or bathing?

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

DE220/(DIFF\_ERRAND). Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor’s office or shopping?

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

**HOUSEHOLD COMPOSITION AND DEMOGRAPHICS: PART 2**

**(TIME\_STAMP\_3) PROGRAMMER INSTRUCTIONS:**

* INSERT DATE/TIME STAMP
* IF FIRST FATHER INTERVIEW, GO TO **HCD001**.
* OTHERWISE, IF SUBSEQUENT FATHER INTERVIEW, GO TO **HCD012**.

HCD001. These next questions are about your background and culture.

HCD002/(BORN\_US). Were you born in the United States?

YES 1 **(M\_BORN\_US)**

NO 2

REFUSED -1  **(M\_BORN\_US)**

DON’T KNOW -2  **(M\_BORN\_US)**

HCD004/(TIME \_US). About how long have you lived in the United States?

**INTERVIEWER INSTRUCTION:**

* IF LESS THAN ONE YEAR, ENTER “00”.

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

YEARS

REFUSED -1

DON’T KNOW -2

HCD005/(M\_BORN\_US). Was your mother born in the United States?

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

HCD007/(F\_BORN\_US). Was your father born in the United States?

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

HCD008/(F\_PARENTS\_14). When you were 14, were you living with your own mother and your own father?

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

HCD012. Now I’m going to {switch the subject and} ask about health insurance.

PROGRAMMER INSTRUCTION:

* IF FIRST FATHER INTERVIEW, DISPLAY BRACKETED TEXT.

HCD012A/(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)**

HCD013/(INS\_EMPLOY). Do you currently have insurance through a current or former employer or union (of yourself or another family member)?

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

HCD014/(INS\_PURCHASED). (Do you currently have:)

 Insurance purchased directly from an insurance company (by yourself or another family member)?

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

HCD015/(INS\_MEDICAID). (Do you currently have:)

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

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

HCD016/(INS\_TRICARE). (Do you currently have:)

 TRICARE, VA, or other military health care?

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

HCD017/(INS\_IHS). (Do you currently have:)

 Indian Health Service?

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

HCD018/(INS\_MEDICARE). (Do you currently have:)

 Medicare, for people 65 and older, or people with certain disabilities?

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

HCD019/(INS\_OTH). (Do you currently have:)

 Any other type of health insurance or health coverage plan?

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

**OCCUPATIONAL/HOBBY EXPOSURES**

**(TIME\_STAMP\_4) PROGRAMMER INSTRUCTION:**

* INSERT DATE/TIME STAMP

**OH001.** Now I’d like to ask some questions about work and income.

OH004/(WORKING). Are you currently working any full or part-time jobs?

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

PROGRAMMER INSTRUCTIONS:

* IF WORKING = 2, -1, OR -2, GO TO TIME\_STAMP\_5.
* IF WORKING = 1, GO TO WORK\_HRS.

OH008/(WORK\_HRS). How many hours per week do you work?

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

HOURS

REFUSED -1

DON’T KNOW -2

**OH008A/(WORK\_LEAVE**). Does your employer make available to you paternity leave that will allow you to go back to your old job or one that pays the same as your old one?

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

**OH008B/(JOB\_STRESSFUL).** How often do you find your work stressful?Would you say always, often, sometimes, hardly ever, or never?

ALWAYS 1

OFTEN 2

SOMETIMES 3

HARDLY EVER 4

NEVER 5

REFUSED -1

DON’T KNOW -2

OH009/(JOB\_SATISFIED). All in all, how satisfied are you with your job? Would you say very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

VERY SATISFIED 1

SOMEWHAT SATISFIED 2

SOMEWHAT DISSATISFIED 3

VERY DISSATISFIED 4

REFUSED -1

DON’T KNOW -2

OH010. Now I want to ask about any cleaning products, chemicals, pesticides, radiation, or bacteria or viruses that you may have worked around or used during the past 3 months at any job, school, or hobby. Do not include regular household use. When answering these questions, please consider all jobs, schools, and hobbies that you do for at least 4 hours per week.

**OH011/(ANY\_EXPOSURE).** In the **past 3 months**, have you used or worked around any {cleaning products, such as bleach, ammonia, or detergents}/{chemicals, such as paints, fuels, solvents, oils, glues, or hair or nail products}/{pesticides that you’ve mixed or applied}/{dusts, including wood or mining dust}/{fumes or gases, such as from anesthetic gases, ethylene oxide, welding or asphalt fumes, or engine exhaust}/{radiation, including x-rays, fluoroscopy, or radioisotopes}/{bacteria or viruses, such as those used in a laboratory setting}?

INTERVIEWER INSTRUCTION:

* PROBE: Only include activities that you do for 4 hours per week or longer.
* IF NEEDED: Again, do not include regular household use.

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

**PROGRAMMER INSTRUCTIONS:**

* BASED ON OH011 RESPONSE, LOOP THROUGH OH011-OH022 FOR CLEANING PRODUCTS, CHEMICALS, PESTICIDES, DUSTS, FUMES, RADIATION, AND BACTERIA.
	+ IF **ANY\_EXPOSURE** ≠ 1AND CYCLE ≠ 7, LOOP TO OH011 FOR NEXT CYCLE.
	+ IF **ANY\_EXPOSURE** = 1ANDCYCLE = 7, GO TO **TIME\_STAMP\_5**.
* IF FIRST CYCLE, DISPLAY “cleaning products, such as bleach, ammonia, or detergents”.
* IF SECOND CYCLE, DISPLAY “chemicals, such as paints, fuels, solvents, oils, glues, or hair or nail products”.
* IF THIRD CYCLE, DISPLAY “pesticides that you’ve mixed or applied”.
* IF FOURTH CYCLE, DISPLAY “dusts, including wood or mining dust”.
* IF FIFTH CYCLE, DISPLAY “fumes or gases, such as from anesthetic gases, ethylene oxide, welding or asphalt fumes, or engine exhaust”.
* IF SIXTH CYCLE, DISPLAY “radiation, including x-rays, fluoroscopy, or radioisotopes”.
* IF SEVENTH CYCLE, DISPLAY “bacteria or viruses, such as those used in a laboratory setting”.

OH012/(EXPOSURE\_NAME). Please tell me the name of (or describe) the {cleaning products}/{chemicals}/{pesticides}/{dusts}/{fumes or gases}/{radiation}/{bacteria or viruses}?

NAME OR DESCRIPTION OF EXPOSURE

REFUSED -1

DON’T KNOW -2

PROGRAMMER INSTRUCTIONS:

* IF FIRST CYCLE, DISPLAY “cleaning products”.
* IF SECOND CYCLE, DISPLAY “chemicals”.
* IF THIRD CYCLE, DISPLAY “pesticides”.
* IF FOURTH CYCLE, DISPLAY “dusts”.
* IF FIFTH CYCLE, DISPLAY “fumes or gases”.
* IF SIXTH CYCLE, DISPLAY “radiation”.
* IF SEVENTH CYCLE, DISPLAY “bacteria or viruses”.

OH013/(HANDLE\_DIRECT). Do you handle or work directly with the {cleaning products}/{chemicals}/{pesticides}/{dusts}/{fumes or gases}/{radiation}/{bacteria or viruses} or do you just work around it?

INTERVIEWER INSTRUCTION:

* IF NEEDED: By handle or work with we mean, touch, pour or work directly with the product.

HANDLE DIRECTLY
(POUR, TOUCH, ETC.) 1 **(EXPOSURE\_PPE)**

JUST WORK AROUND
THE MATERIAL 2 **(EXPOSURE\_PPE)**

OTHER -5

REFUSED -1 **(EXPOSURE\_PPE)**

DON’T KNOW -2 **(EXPOSURE\_PPE)**

PROGRAMMER INSTRUCTIONS:

* IF FIRST CYCLE, DISPLAY “cleaning products”.
* IF SECOND CYCLE, DISPLAY “chemicals”.
* IF THIRD CYCLE, DISPLAY “pesticides”.
* IF FOURTH CYCLE, DISPLAY “dusts”.
* IF FIFTH CYCLE, DISPLAY “fumes or gases”.
* IF SIXTH CYCLE, DISPLAY “radiation”.
* IF SEVENTH CYCLE, DISPLAY “bacteria or viruses.”

**OH013A/(HANDLE\_DIRECT\_OTH).**

OTHER SPECIFY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REFUSED -1

DON’T KNOW -2

**PROGRAMMER INSTRUCTION**:

* LIMIT FREE TEXT TO 255 CHARACTERS.

OH014/(EXPOSURE\_PPE). Now thinking of the {cleaning products}/{chemicals}/{pesticides}/{dusts}/{fumes or gases}/{radiation}/{bacteria or viruses} that you just mentioned, during the past 3 months, how often did you wear or use personal protective equipment to protect yourself from the {cleaning products}/{chemicals}/{pesticides}/{dusts}/{fumes or gases}/{radiation}/{bacteria or viruses}? By personal protective equipment, I mean things like gloves, dust masks, goggles, aprons, lab coats, or other protective clothing. Would you say you always, often, rarely, or never use personal protective equipment?

ALWAYS 1

OFTEN 2

RARELY 3

NEVER .. 4 (**VENTILATION**)

REFUSED -1 (**VENTILATION**)

DON’T KNOW -2 (**VENTILATION**)

PROGRAMMER INSTRUCTIONS:

* IF FIRST CYCLE, DISPLAY “cleaning products”.
* IF SECOND CYCLE, DISPLAY “chemicals”.
* IF THIRD CYCLE, DISPLAY “pesticides”.
* IF FOURTH CYCLE, DISPLAY “dusts”.
* IF FIFTH CYCLE, DISPLAY “fumes or gases”.
* IF SIXTH CYCLE, DISPLAY “radiation”.
* IF SEVENTH CYCLE, DISPLAY “bacteria or viruses”.

OH015/(PPE\_TYPE). Please tell me which types of protective clothing or equipment you have worn.

INTERVIEWER INSTRUCTION:

* PROBE: Any other protective clothing or equipment?
* SELECT ALL THAT APPLY.

Gloves 1 **(VENTILATION)**

Overalls 2 **(VENTILATION)**

Overcoat/lab coat/ smock/apron 3 **(VENTILATION)**

Dust mask 4 **(VENTILATION)**

Respirator 5 **(RESPIRATOR)**

Goggles/safety

glasses/face shield 6 **(VENTILATION)**

Work boots/shoes 7 **(VENTILATION)**

Lead apron 8 **(VENTILATION)**

Something else -5

REFUSED -1 **(VENTILATION)**

DON’T KNOW -2 **(VENTILATION)**

**OH015A/(PPE\_TYPE\_OTH).**

OTHER SPECIFY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REFUSED -1

DON’T KNOW -2

**PROGRAMMER INSTRUCTION**:

* LIMIT FREE TEXT TO 255 CHARACTERS.
* IF **PPE\_TYPE** = -5, 5, AND ANY COMBINATION OF 1-8, GO TO **RESPIRATOR.**
* OTHERWISE, GO TO **VENTILATION.**

OH016/(RESPIRATOR). What type of respirator was it? Was it…

A half-mask chemical cartridge
 respirator, which is
silicone or rubber
and covers your mouth and nose, 1 **(VENTILATION)**

A full-mask chemical
 cartridge respirator,
which is silicone or
rubber and covers your
eyes, nose, and mouth, 2 **(VENTILATION)**

An air-supplied or
SCBA respirator, or 3 **(VENTILATION)**

Some other kind of respirator? -5

REFUSED -1 **(VENTILATION)**

DON’T KNOW -2 **(VENTILATION)**

**OH016A/(RESPIRATOR\_OTH).**

OTHER SPECIFY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REFUSED -1

DON’T KNOW -2

**PROGRAMMER INSTRUCTION**:

* LIMIT FREE TEXT TO 255 CHARACTERS.

OH017/(VENTILATION). Is there any kind of a ventilation system to remove exhaust, dust, smoke or fumes from the area? By ventilation system we mean purposely opening windows or doors, using a fume hood, or other ventilation system.

YES 1

NO 2 **(DIRTY\_CLOTHES)**

REFUSED -1 **(DIRTY\_CLOTHES)**

DON’T KNOW -2 **(DIRTY\_CLOTHES)**

OH018/(VENT\_TYPE). What ventilation systems are used to remove exhaust, dust, smoke or fumes from the area? Is there…

**INTERVIEWER INSTRUCTION:**

* SELECT ALL THAT APPLY.

General ventilation,
meaning open doors
 or windows, fans, etc, 1 **(DIRTY\_CLOTHES)**

A regular ventilation
 system for building and
room heating and cooling, 2 **(DIRTY\_CLOTHES)**

A fume hood, lab hood,
or other partially
enclosed equipment, 3 **(DIRTY\_CLOTHES)**

A glove box or other
totally enclosed equipment, 4 **(DIRTY\_CLOTHES)**

A portable exhaust hose
 or tube, such as those used
for welding or to attach to
vehicle tailpipe, or 5 **(DIRTY\_CLOTHES)**

Some other type of
ventilation system? -5

REFUSED -1 **(DIRTY\_CLOTHES)**

DON’T KNOW -2 **(DIRTY\_CLOTHES)**

**OH018A/(VENT\_TYPE\_OTH).**

OTHER SPECIFY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REFUSED -1

DON’T KNOW -2

**PROGRAMMER INSTRUCTION**:

* LIMIT FREE TEXT TO 255 CHARACTERS.

**OH019/(DIRTY\_CLOTHES).** Now thinking of the {cleaning products}/{chemicals}/{pesticides}/{dusts}/{fumes or gases}/{radiation}/{bacteria or viruses}, do you ever routinely come home with dirty or stained skin, work clothes, or shoes? By “dirty” or “stained” we mean your skin or clothes have dust, grease, or other visible chemical spots on them.

 YES 1

 NO 2

 REFUSED -1

 DON’T KNOW -2

PROGRAMMER INSTRUCTIONS:

* IF FIRST CYCLE, DISPLAY “cleaning products”.
* IF SECOND CYCLE, DISPLAY “chemicals”.
* IF THIRD CYCLE, DISPLAY “pesticides”.
* IF FOURTH CYCLE, DISPLAY “dusts”.
* IF FIFTH CYCLE, DISPLAY “fumes or gases”.
* IF SIXTH CYCLE, DISPLAY “radiation”.
* IF SEVENTH CYCLE, DISPLAY “bacteria or viruses”.
* IF **DIRTY\_CLOTHES** = 2, -1, OR -2, GO TO PROGRAMMER INSTRUCTIONS AFTER **WASH\_SEPARATE**.

**OH020.** During the past 3 months, how often do you come home with the {cleaning products}/{chemicals}/{pesticides}/{dusts}/{fumes or gases}/{radiation}/{bacteria or viruses} mentioned…

PROGRAMMER INSTRUCTIONS:

* IF FIRST CYCLE, DISPLAY “cleaning products”.
* IF SECOND CYCLE, DISPLAY “chemicals”.
* IF THIRD CYCLE, DISPLAY “pesticides”.
* IF FOURTH CYCLE, DISPLAY “dusts”.
* IF FIFTH CYCLE, DISPLAY “fumes or gases”.
* IF SIXTH CYCLE, DISPLAY “radiation”.
* IF SEVENTH CYCLE, DISPLAY “bacteria or viruses”.

**OH020A/(DIRTY\_HANDS).** On your hands or skin? Would you say…

 Every day, 1

 5-6 times a week, 2

 3-4 times a week, 3

 1-2 times a week, or 4

 Never? 5

 REFUSED -1

 DON’T KNOW -2

**OH020B/(DIRTY\_SHOES).** On your work shoes that you wear inside your home? Would you say…

 Every day, 1

 5-6 times a week, 2

 3-4 times a week, 3

 1-2 times a week, or 4

 Never? 5

 REFUSED -1

 DON’T KNOW -2

**OH020C/(DIRTY\_CLOTHES).** On your work clothes that you wear inside your home? Would you say…

 Every day, 1

 5-6 times a week, 2

 3-4 times a week, 3

 1-2 times a week, or 4

 Never? 5

 REFUSED -1

 DON’T KNOW -2

**OH021/(WASH\_CLOTHES).** How often do you wash the work clothes that have been soiled with {cleaning products}/{chemicals}/{pesticides}/{dusts}/{fumes or gases}/{radiation}/{bacteria or viruses} at home?

 Every day, 1

 5-6 times a week, 2

 3-4 times a week, 3

 1-2 times a week, or 4

 Never? 5

 REFUSED -1

 DON’T KNOW -2

PROGRAMMER INSTRUCTIONS:

* IF FIRST CYCLE, DISPLAY “cleaning products”.
* IF SECOND CYCLE, DISPLAY “chemicals”.
* IF THIRD CYCLE, DISPLAY “pesticides”.
* IF FOURTH CYCLE, DISPLAY “dusts”.
* IF FIFTH CYCLE, DISPLAY “fumes or gases”.
* IF SIXTH CYCLE, DISPLAY “radiation”.
* IF SEVENTH CYCLE, DISPLAY “bacteria or viruses”.
* IF **WASH\_CLOTHES** = 5, -1, OR -2, GO TO PROGRAMMER INSTRUCTIONS FOLLOWING **WASH\_SEPARATE**.
* OTHERWISE, GO TO **WASH\_SEPARATE.**

**OH022/(WASH\_SEPARATE).** Are these dirty work clothes washed separately from other clothes?

 YES 1

 NO 2

 SOMETIMES 3

 REFUSED -1

 DON’T KNOW -2

PROGRAMMER INSTRUCTIONS:

* IF NUMBER OF CYCLES < 7 LOOP AGAIN.
* IF NUMBER OF CYCLES = 7, END LOOP AND CONTINUE TO TIME\_STAMP\_5.

**INCOME**

**(TIME\_STAMP\_5) PROGRAMMER INSTRUCTION:**

INSERT DATE/TIME STAMP

INC001. 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 {CURRENT YEAR – 1} for all members of the family.

PROGRAMMER INSTRUCTIONS:

* PRELOAD CURRENT YEAR MINUS 1.

INC002/(HH\_MEMBERS). How many household members are supported by your total combined family income?

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

NUMBER

REFUSED -1

DON’T KNOW -2

**PROGRAMMER INSTRUCTIONS**:

* RESPONSE MUST BE > 0; INCLUDE A SOFT EDIT IF RESPONSE IS > 15
* IF **HH\_MEMBERS** = 1, -1, or -2, GO TO **INCOME**.
* OTHERWISE, IF **HH\_MEMBERS** > 1, GO TO **NUM\_CHILD**.

INC003/(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\_MEMBERS**.
* INCLUDE SOFT EDIT IF RESPONSE > 10.

INC005/(INCOME). Of these income groups, which category best represents your total combined family income during the last calendar year?

**INTERVIEWER INSTRUCTION:**

* IF USING SHOWCARDS, REFER PARTICIPANT TO APPROPRIATE SHOWCARD. OTHERWISE, READ RESPONSE CATEGORIES TO PARTICIPANT.

PROGRAMMER INSTRUCTION:

* IF USING SHOWCARDS, DISPLAY RESPONSE CATEGORIES IN ALL CAPITAL LETTERS. OTHERWISE, DISPLAY RESPONSE CATEGORIES AS MIXED UPPER/LOWER CASE.

LESS THAN $30,000 1

$30,000-$49,999 2

$50,000-$99,999 3

$100,000 OR MORE 4

REFUSED -1

DON’T KNOW -2

INC006/(EDUC). What is the highest degree or level of school that you have completed?

**INTERVIEWER INSTRUCTION:**

* IF USING SHOWCARDS, REFER PARTICIPANT TO APPROPRIATE SHOWCARD. OTHERWISE, READ RESPONSE CATEGORIES TO PARTICIPANT

PROGRAMMER INSTRUCTION:

* IF USING SHOWCARDS, DISPLAY RESPONSE CATEGORIES IN ALL CAPITAL LETTERS. OTHERWISE, DISPLAY RESPONSE CATEGORIES AS MIXED UPPER/LOWER CASE.

LESS THAN A HIGH SCHOOL DIPLOMA OR GED 1

HIGH SCHOOL DIPLOMA OR GED 2

SOME COLLEGE BUT NO DEGREE 3

ASSOCIATE DEGREE 4

BACHELOR’S DEGREE (FOR EXAMPLE, BA, BS) 5

POST GRADUATE DEGREE (FOR EXAMPLE,, MASTERS OR DOCTORAL) 6

REFUSED -1

DON’T KNOW -2

**SOCIAL RESOURCES**

**(TIME\_STAMP\_6) PROGRAMMER INSTRUCTION:**

INSERT DATE/TIME STAMP

SOCIAL NETWORK:

SR001. I’d like to ask you about your contact with other people.

SR001A/(NUM\_PEOPLE\_COMM). On a normal day, how many people do you communicate with (including nodding, saying hi, talking, calling, writing, through the Internet, acquaintances or not, all added together)?

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

NUMBER OF PEOPLE

REFUSED -1

DON’T KNOW -2

SR002/(FREQ\_COMM). How often do you see, write or talk on the telephone with family or relatives who do not live with you? Would you say nearly every day, at least once a week, a few times a month, at least once a month, a few times a year, hardly ever or never?

NEARLY EVERYDAY (4 OR MORE TIMES A WEEK) 1

AT LEAST ONCE A WEEK (1 TO 3 TIMES) 2

A FEW TIMES A MONTH (2 TO 3 TIMES) 3

AT LEAST ONCE A MONTH 4

A FEW TIMES A YEAR 5

HARDLY EVER 6

NEVER 7

REFUSED -1

DON’T KNOW -2

SR003. Now we’d like to find out about the amount of social, material, and emotional support you have outside of your family members that live in your household. Please state whether each statement is never true, sometimes true, or always true.”

PROGRAMMER INSTRUCTIONS:

* IF CURRENT\_PARENT ≠ 1, GO TO LOAN\_DOCTOR

SR004/(WATCH\_CHILDREN). If I need to work late, I can easily find someone to watch my child. Would you say this statement is never true, sometimes true, or always true?

NEVER TRUE 1

SOMETIMES TRUE 2

ALWAYS TRUE 3

NOT APPLICABLE 4

REFUSED -1

DON’T KNOW -2

SR005/(CHILD\_DOCTOR). If I’m unavailable to get my child to the doctor, friends or family will help me. Would you say this statement is never true, sometimes true, or always true?

NEVER TRUE 1

SOMETIMES TRUE 2

ALWAYS TRUE 3

NOT APPLICABLE 4

REFUSED -1

DON’T KNOW -2

SR006/(LOAN\_DOCTOR). If I have an emergency and need cash, family or friends will loan it to me. Would you say this statement is never true, sometimes true, or always true?

NEVER TRUE 1

SOMETIMES TRUE 2

ALWAYS TRUE 3

REFUSED -1

DON’T KNOW -2

**SR007/(TALK\_ADVICE).** If I have troubles or need advice, I have someone I can talk to.

 Would you say this statement is never true, sometimes true, or always true?

NEVER TRUE 1

SOMETIMES TRUE 2

ALWAYS TRUE 3

REFUSED -1

DON’T KNOW -2

SOCIAL SUPPORT:

**SR008.** Now, I’m going to ask about your feelings and thoughts.

SR009/(SOCIAL\_SUPPORT). How often do you get the social and emotional support you need? Would you say always, usually, sometimes, rarely, or never?

**INTERVIEWER INSTRUCTION:**

* If asked, respond “Please include support from any source.”

ALWAYS 1

USUALLY 2

SOMETIMES 3

RARELY 4

NEVER 5

REFUSED -1

DON’T KNOW -2

**PROGRAMMER INSTRUCTIONS:**

* IF **F\_MARISTAT** = 1 or 2, GO TO **PARTNER\_LISTEN**.
* OTHERWISE, GO TO **TIME\_STAMP\_7**.

**SR010/(PARTNER\_LISTEN).** How much is your {wife/partner} willing to listen when you need to talk about your worries or problems - a great deal, quite a bit, some, a little, or not at all?

A GREAT DEAL 1

QUITE A BIT 2

SOME 3

A LITTLE 4

NOT AT ALL 5

REFUSED -1

DON’T KNOW -2

**PROGRAMMER INSTRUCTIONS:**

* IF **F\_MARISTAT** = 1, DISPLAY “wife”.
* IF **F\_MARISTAT** = 2, DISPLAY “partner”.

**SR011/(SATISIFED\_MARRIED).** Taking all things together, how satisfied are you with your {marriage/ relationship} - are you completely satisfied, very satisfied, somewhat satisfied, not very satisfied or not at all satisfied?”

COMPLETELY SATISIFIED 1

VERY SATISFIED 2

SOMEWHAT SATISFIED 3

NOT VERY SATISFIED 4

NOT AT ALL SATISFIED 5

REFUSED -1

DON’T KNOW -2

**PROGRAMMER INSTRUCTIONS:**

* IF **F\_MARISTAT** = 1, DISPLAY “marriage”.
* IF **F\_MARISTAT** = 2, DISPLAY “relationship”.

**TOBACCO USE**

**(TIME\_STAMP\_7) PROGRAMMER INSTRUCTION:**

* INSERT DATE/TIME STAMP

TU001. The next few questions are about your use of cigarettes.

TU001A/(CIG\_NOW). Do you currently smoke cigarettes or use any other tobacco product?

YES 1

NO 2 **(NUM\_SMOKER)**

REFUSED -1 **(NUM\_SMOKER)**

DON’T KNOW -2 **(NUM\_SMOKER)**

**TU001B/(CIG\_NOW\_FREQ).** Do you smoke cigarettes:

Every day 1

5 or 6 days a week 2

2-4 days a week 3

Once a week 4

1-3 days a month 5

Less than once a month 6

REFUSED -1

DON’T KNOW -2

**TU001C/(CIG\_NOW\_NUM).** On days that you smoke, how many cigarettes do you smoke per day? If you smoke 1 cigarette or less each day, please enter “1.”

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

NUMBER PER DAY

REFUSED -1

DON’T KNOW -2

**PROGRAMMER INSTRUCTIONS:**

* IF PARTICIPANT ANSWERS 1 OR LESS PER DAY, ENTER “1.”
* DISPLAY SOFT EDIT IF RESPONSE > 60

**PARTICIPANT INSTRUCTION:**

* IF RESPONSE IS IN PACKS, CALCULATE 20 CIGARETTES PER PACK.

**TU002/(NUM\_SMOKER).**  How many smokers live in your home now {including yourself}?

**PROGRAMMER INSTRUCTIONS:**

* IF **CIG\_NOW**= 1, DISPLAY BRACKETED TEXT
* HARD EDIT: **IF CIG\_NOW** = 1, RESPONSE TO **NUM\_SMOKER** MUST BE ≥ 1.

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

NUMBER OF SMOKERS

**INTERVIEWER INSTRUCTION:**

* ENTER “0” IF NONE

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

DON’T KNOW................................... -2

TU003/(SMOKE\_INSIDE).  Does anyone smoke inside the house?

YES.................................................... 1

NO.....................................................  2

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

DON’T KNOW................................... -2

TU004/(SMOKE\_RULES).  Which of the following statements describes the rules about smoking inside your home now?

No one is allowed to smoke
anywhere inside my home, 1

Smoking is allowed in some
rooms at some times, or 2

Smoking is permitted anywhere
inside my home 3

REFUSED -1

DON’T KNOW -2

## ALCOHOL USE

**(TIME\_STAMP\_8) PROGRAMMER INSTRUCTION:**

* INSERT DATE/TIME STAMP

AU001. Now I am going to ask about your use of alcohol.

AU001A/(DRINK). Do you drink any type of alcoholic beverage?

YES 1

NO 2 **(TIME\_STAMP\_9)**

REFUSED -1 **(TIME\_STAMP\_9)**

DON’T KNOW -2 **(TIME\_STAMP\_9)**

AU002/(DRINK\_NOW). How often do you currently drink alcoholic beverages?

5 or more times a week 1

2-4 times a week 2

Once a week 3

1-3 times a month 4

Less than once a month 5

Never 6 **(TIME\_STAMP\_9)**

REFUSED -1 **(TIME\_STAMP\_9)**

DON’T KNOW -2 **(TIME\_STAMP\_9)**

AU003/(DRINK\_NOW\_5). How often do you have 5 or more drinks within a couple of hours?

Never, 1

About once a month, 2

About once a week, 3

About once a day, or 4

Less than once a month 5

REFUSED -1

DON’T KNOW -2

**SELF RATED HEALTH**

**(TIME\_STAMP\_9) PROGRAMMER INSTRUCTION:**

* INSERT DATE/TIME STAMP

SRH001. Now, I have questions about your health and about medical conditions or health problems you have or have had.

SRH001A/(F\_HEALTH). How would you rate your overall physical health at the present time? Would you say it is excellent, very good, good, fair or poor?

EXCELLENT 1

VERY GOOD 2

GOOD 3

FAIR 4

POOR 5

REFUSED -1

DON’T KNOW -2

**PROGRAMMER INSTRUCTIONS:**

* FOR F\_ASTHMA, F\_ECZEMA, F\_ALLERGIES, F\_HIGHBP, F\_DIABETES, F\_HIGHCHOLEST AND F\_CANCER:
	+ IF FIRST FATHER INTERVIEW (I.E., NO FATHER INTERVIEWS SET TO COMPLETE), DISPLAY “EVER.”
	+ IF ONE PREVIOUS FATHER INTERVIEW SET TO COMPLETE, DISPLAY “SINCE” AND DATE OF FIRST FATHER INTERVIEW.
	+ IF TWO OR MORE PREVIOUS FATHER INTERVIEWS SET TO COMPLETE, DISPLAY “SINCE” AND DATE OF MOST RECENT FATHER INTERVIEW.
* DISPLAY DATE AS MM/DD/YYYY.

SRH002/(F\_ASTHMA). Have you {ever} been told by a doctor or other health care provider that you had asthma {since {DATE OF FIRST FATHER INTERVIEW}}/{since {DATE OF MOST RECENT FATHER INTERVIEW}}?

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

**PROGRAMMER INSTRUCTIONS:**

* FOR **F\_ECZEMA**, **F\_ALLERGIES**, **F\_HIGHBP**, **F\_DIABETES**, **F\_HIGHCHOLEST** AND **F\_CANCER**:
	+ IF FIRST FATHER INTERVIEW (I.E., NO FATHER INTERVIEWS SET TO COMPLETE), DISPLAY INTERVIEWER INSTRUCTION: READ “HAVE YOU EVER BEEN TOLD BY A DOCTOR OR OTHER HEALTH CARE PROVIDER THAT YOU HAD:” AS NECESSARY.
	+ IF ONE PREVIOUS FATHER INTERVIEW SET TO COMPLETE, DISPLAY INTERVIEWER INSTRUCTION: READ “HAVE YOU BEEN TOLD BY A DOCTOR OR OTHER HEALTH CARE PROVIDER THAT YOU HAD:” AND “SINCE {DATE OF FATHER INTERVIEW}” AS NECESSARY.
	+ IF TWO OR MORE PREVIOUS FATHER INTERVIEWS SET TO COMPLETE, DISPLAY INTERVIEWER INSTRUCTION: READ “HAVE YOU BEEN TOLD BY A DOCTOR OR OTHER HEALTH CARE PROVIDER THAT YOU HAD:” AND “SINCE {DATE OF MOST RECENT FATHER INTERVIEW}” AS NECESSARY.

INTERVIEWER INSTRUCTION:

* {DISPLAY FROM PROGRAMMER INSTRUCTION}.

SRH003/(F\_ECZEMA). (Have you {ever} been told by a doctor or other health care provider that you had:)

Eczema or atopic dermatitis ({since {DATE OF FIRST FATHER INTERVIEW}}/{since {DATE OF MOST RECENT FATHERINTERVIEW}})?

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

SRH004/(F\_ALLERGIES). (Have you {ever} been told by a doctor or other health care provider that you had:)

Seasonal allergies ({since{DATE OF FIRST FATHER INTERVIEW}}/{since {DATE OF MOST RECENT FATHER INTERVIEW}})?

YES 1

NO 2

REFUSED -1

DON’T KNOW ……………………… -2

SRH007/(F\_HIGHBP). (Have you {ever} been told by a doctor or other health care provider that you had:)

Hypertension or high blood pressure ({since{DATE OF FIRST FATHER INTERVIEW}}/{since {DATE OF MOST RECENT FATHER INTERVIEW}})?

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

SRH008/(F\_DIABETES). (Have you {ever} been told by a doctor or other health care provider that you had:)

Diabetes ({since{DATE OF FIRST FATHER INTERVIEW}}/{since {DATE OF MOST RECENT FATHER INTERVIEW}})?

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

SRH013/(F\_HIGHCHOLEST). (Have you {ever} been told by a doctor or other health care provider that you had:)

High cholesterol ({since{DATE OF FIRST FATHER INTERVIEW}}/{since {DATE OF MOST RECENT FATHER INTERVIEW}})?

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

SRH014/(F\_CANCER). (Have you {ever} been told by a doctor or other health care provider that you had:)

Any type of cancer ({since{{DATE OF FIRST FATHER INTERVIEW}}/{since {DATE OF MOST RECENT FATHER INTERVIEW}})?

YES 1

NO 2 **(F\_SICKLECELL)**

REFUSED -1  **(F\_SICKLECELL)**

DON’T KNOW -2  **(F\_SICKLECELL)**

SRH015/(F\_CANCER\_TYPE). What type or types of cancer were you diagnosed with?

SELECT ALL THAT APPLY.

BRAIN 1

BREAST 2

COLON 3

HODGKIN’S LYMPHOMA 4

LEUKEMIA 5

LIVER 6

LUNG 7

NON-HODGKIN’S LYMPHOMA 8

PROSTATE (MALE ONLY) 9

SKIN 10

TESTICULAR (MALE ONLY) 11

THYROID 12

OTHER -5

REFUSED -1

DON’T KNOW -2

PROGRAMMER INSTRUCTIONS:

* IF **F\_CANCER\_TYPE** CODED WITH ANY COMBINATION OF VALUES 1 – 13, THEN GO TO **F\_SICKLECELL**.
* IF **F\_CANCER\_TYPE** CODED -5, OR ANY COMBINATION OF VALUES 1 – 13 **AND** -5, GO TO **F\_CANCER\_TYPE\_OTH**.
* IF **F\_CANCER\_TYPE** CODED -1 OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES AND GO TO **F\_SICKLECELL**.

SRH015A/(F\_CANCER\_TYPE\_OTH)

SPECIFY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REFUSED -1

DON’T KNOW -2

**PROGRAMMER INSTRUCTION:**

* LIMIT TEXT TO 255 CHARACTERS.

**PROGRAMMER INSTRUCTIONS:**

* FOR F\_SICKLECELL AND F\_AUTOIMMUNE:
	+ IF FIRST FATHER INTERVIEW (I.E., NO FATHER INTERVIEWS SET TO COMPLETE), DISPLAY “EVER.”
	+ IF ONE PREVIOUS FATHER INTERVIEW SET TO COMPLETE, DISPLAY “SINCE” AND DATE OF FIRST FATHER INTERVIEW.
	+ IF TWO OR MORE PREVIOUS FATHER INTERVIEWS SET TO COMPLETE, DISPLAY “SINCE” AND DATE OF MOST RECENT FATHER INTERVIEW.
* DISPLAY DATE AS MM/DD/YYYY.

SRH016/(F\_SICKLECELL). Have you {ever} been told by a doctor or other health care provider that you had:

Sickle cell anemia or sickle cell trait {since{{DATE OF FIRST FATHER INTERVIEW}}/{since {DATE OF MOST RECENT FATHER INTERVIEW}}?

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

SRH018/(F\_AUTOIMMUNE). (Have you {ever} been told by a doctor or other health care provider that you had:)

An autoimmune disorder such as rheumatoid arthritis, lupus, or scleroderma ({since {DATE OF FIRST FATHER INTERVIEW}}/{since {DATE OF MOST RECENT FATHER INTERVIEW}})?

YES 1

NO 2 **(F\_BIRTH\_DEFECT)**

REFUSED -1 **(F\_BIRTH\_DEFECT)**

DON’T KNOW -2  **(F\_BIRTH\_DEFECT)**

**PROGRAMMER INSTRUCTIONS:**

* FOR F\_AUTOIMMUNE\_TYPE:
	+ IF FIRST FATHER INTERVIEW (I.E., NO FATHER INTERVIEWS SET TO COMPLETE), DISPLAY INTERVIEWER INSTRUCTION: READ “HAVE YOU EVER BEEN TOLD BY A DOCTOR OR OTHER HEALTH CARE PROVIDER THAT YOU HAD:” AS NECESSARY.
	+ IF ONE PREVIOUS FATHER INTERVIEW SET TO COMPLETE, DISPLAY INTERVIEWER INSTRUCTION: READ “HAVE YOU BEEN TOLD BY A DOCTOR OR OTHER HEALTH CARE PROVIDER THAT YOU HAD:” AND “SINCE {DATE OF FATHER INTERVIEW}” AS NECESSARY.
	+ IF TWO OR MORE PREVIOUS FATHER INTERVIEWS SET TO COMPLETE, DISPLAY INTERVIEWER INSTRUCTION: READ “HAVE YOU BEEN TOLD BY A DOCTOR OR OTHER HEALTH CARE PROVIDER THAT YOU HAD:” AND “SINCE {DATE OF MOST RECENT FATHER INTERVIEW}” AS NECESSARY.

INTERVIEWER INSTRUCTION:

* {DISPLAY FROM PROGRAMMER INSTRUCTION}.

SRH019/(F\_AUTOIMMUNE\_TYPE). What type of autoimmune disorder were you diagnosed with?

RHEUMATOID ARTHRITIS 1 **(F\_BIRTH\_DEFECT)**

LUPUS 2 **(F\_BIRTH\_DEFECT)**

SCLERODERMA 3 **(F\_BIRTH\_DEFECT)**

MULTIPLE SCLEROSIS 4 **(F\_BIRTH\_DEFECT)**

GRAVES’ DISEASE 5 **(F\_BIRTH\_DEFECT)**

OTHER -5

REFUSED -1 **(F\_BIRTH\_DEFECT)**

DON’T KNOW -2 **(F\_BIRTH\_DEFECT)**

**SRH019A/(F\_AUTOIMMUNE\_TYPE\_OTH)**

SPECIFY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REFUSED -1

DON’T KNOW -2

PROGRAMMER INSTRUCTION:

* LIMIT TEXT TO 255 CHARACTERS.

PROGRAMMER INSTRUCTIONS:

* IF FIRST FATHER INTERVIEW, GO TO F\_BIRTH\_DEFECT.
* OTHERWISE, IF SUBSEQUENT FATHER INTERVIEW, GO TO F\_BLIND.

SRH020/(F\_BIRTH\_DEFECT). (Have you ever been told by a doctor or other health care provider that you had:)

A birth defect?

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

**PROGRAMMER INSTRUCTION:**

* IF **F\_BIRTH DEFECT = 1,** GO TO **F\_ DEFECT\_TYPE.**
* IF **F\_BIRTH DEFECT = 2, -1, OR -2,** GO TOPROGRAMMER INSTRUCTIONS FOLLOWING **F\_ DEFECT\_TYPE.**

SRH021/(F\_ DEFECT\_TYPE). What birth defect were you diagnosed with?

SPECIFY

REFUSED -1

DON’T KNOW -2

PROGRAMMER INSTRUCTIONS:

* LIMIT TEXT TO 255 CHARACTERS.
* FOR F\_ADD,
	+ IF FIRST FATHER INTERVIEW (I.E., NO FATHER INTERVIEWS SET TO COMPLETE), DISPLAY “EVER.”
	+ IF ONE PREVIOUS FATHER INTERVIEW SET TO COMPLETE, DISPLAY “SINCE” AND DATE OF FIRST FATHER INTERVIEW.
	+ IF TWO OR MORE PREVIOUS FATHER INTERVIEWS SET TO COMPLETE, DISPLAY “SINCE” AND DATE OF MOST RECENT FATHER INTERVIEW.
* DISPLAY DATE AS MM/DD/YYYY.
	+ IF FIRST FATHER INTERVIEW (I.E., NO FATHER INTERVIEWS SET TO COMPLETE), DISPLAY INTERVIEWER INSTRUCTION: READ “HAVE YOU EVER BEEN TOLD BY A DOCTOR OR OTHER HEALTH CARE PROVIDER THAT YOU HAD:” AS NECESSARY.
	+ IF ONE PREVIOUS FATHER INTERVIEW SET TO COMPLETE, DISPLAY INTERVIEWER INSTRUCTION: READ “HAVE YOU BEEN TOLD BY A DOCTOR OR OTHER HEALTH CARE PROVIDER THAT YOU HAD:” AND “SINCE {DATE OF FATHER INTERVIEW}” AS NECESSARY.
	+ IF TWO OR MORE PREVIOUS FATHER INTERVIEWS SET TO COMPLETE, DISPLAY INTERVIEWER INSTRUCTION: READ “HAVE YOU BEEN TOLD BY A DOCTOR OR OTHER HEALTH CARE PROVIDER THAT YOU HAD:” AND “SINCE {DATE OF MOST RECENT FATHER INTERVIEW}” AS NECESSARY.

INTERVIEWER INSTRUCTION:

* {DISPLAY FROM PROGRAMMER INSTRUCTION}.

SRH025/(F\_ADD). (Have you {ever} been told by a doctor or other health care provider that you had:)

Attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD) ({since {DATE OF FIRST FATHER INTERVIEW}}/since {DATE OF MOST RECENT FATHER INTERVIEW}})?

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

PROGRAMMER INSTRUCTIONS:

* IF FIRST FATHER INTERVIEW, GO TO F\_AUTISM.
* OTHERWISE, IF SUBSEQUENT FATHER INTERVIEW, GO TO NEXT PROGRAMMER INSTRUCTION.

SRH026/(F\_AUTISM). (Have you ever been told by a doctor or other health care provider that you had:)

Autism, Asperger syndrome, or any other autism spectrum disorder?

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

**PROGRAMMER INSTRUCTIONS:**

* FOR ITEMS F\_BIPOLAR, F\_DEPRESSION, F\_ANXIETY, AND F\_OTH\_CONDITION,
	+ IF FIRST FATHER INTERVIEW (I.E., NO FATHER INTERVIEWS SET TO COMPLETE), DISPLAY “EVER.”
	+ IF ONE PREVIOUS FATHER INTERVIEW SET TO COMPLETE, DISPLAY “SINCE” AND DATE OF FIRST FATHER INTERVIEW.
	+ IF TWO OR MORE PREVIOUS FATHER INTERVIEWS SET TO COMPLETE, DISPLAY “SINCE” AND DATE OF MOST RECENT FATHER INTERVIEW.
* DISPLAY DATE AS MM/DD/YYYY.

SRH027/(F\_BIPOLAR). (Have you {ever} been told by a doctor or other health care provider that you had:)

Bipolar disorder ({since {DATE OF FIRST FATHER INTERVIEW}}/{since {DATE OF MOST RECENT FATHER INTERVIEW}})?

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

SRH028/(F\_DEPRESSION). (Have you {ever} been told by a doctor or other health care provider that you had:)

Depression, other than bipolar disorder ({since {DATE OF FIRST FATHER INTERVIEW}}/{since {DATE OF MOST RECENT FATHER INTERVIEW})?

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

SRH029/(F\_ANXIETY).

(Have you {ever} been told by a doctor or other health care provider that you had:)

An anxiety disorder, such as generalized anxiety disorder, obsessive compulsive disorder (OCD), or panic attacks ({since {DATE OF FIRST FATHER INTERVIEW}}/{since {DATE OF MOST RECENT FATHER INTERVIEW}})?

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

SRH033/(F\_OTH\_CONDITION). (Have you {ever} been told by a doctor or other health care provider that you had:)

Any other chronic or long-lasting conditions ({since {DATE OF FIRST FATHER INTERVIEW}}/{since {DATE OF MOST RECENT FATHER INTERVIEW}})?

YES 1

NO 2 **(TIME\_STAMP\_10)**

REFUSED -1 **(TIME\_STAMP\_10)**

DON’T KNOW -2 **(TIME\_STAMP\_10)**

SRH034/(F\_CONDITION\_OTH). What other chronic condition or conditions were you diagnosed with?

(SPECIFY):

REFUSED -1

DON’T KNOW -2

PROGRAMMER INSTRUCTION:

* LIMIT TEXT TO 255 CHARACTERS.

**MENTAL HEALTH**

**(TIME\_STAMP\_10) PROGRAMMER INSTRUCTION:**

* INSERT DATE/TIME STAMP

MH001. Now, I will read a list of the ways you might have felt or behaved. Please tell me how often you have felt this way during the past week.

**INTERVIEWER INSTRUCTION:**

* IF USING SHOWCARDS, REFER PARTICIPANT TO APPROPRIATE SHOWCARD. OTHERWISE, READ RESPONSE CATEGORIES TO RESPONDENT.

PROGRAMMER INSTRUCTION:

* IF USING SHOWCARDS, DISPLAY RESPONSE CATEGORIES IN ALL CAPITAL LETTERS. OTHERWISE, DISPLAY RESPONSE CATEGORIES AS MIXED UPPER/LOWER CASE.

MH002/(BOTHERED). I was bothered by things that usually don’t bother me.

RARELY OR NONE OF THE TIME (LESS THAN ONE DAY) 1

SOME OR A LITTLE OF THE TIME (1-2 DAYS) 2

OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS) 3

MOST OR ALL OF THE TIME (5-7 DAYS) 4

REFUSED -1

DON’T KNOW -2

MH003/(APPETITE\_POOR). I did not feel like eating; my appetite was poor.

RARELY OR NONE OF THE TIME (LESS THAN ONE DAY) 1

SOME OR A LITTLE OF THE TIME (1-2 DAYS) 2

OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS) 3

MOST OR ALL OF THE TIME (5-7 DAYS) 4

REFUSED -1

DON’T KNOW -2

MH004/(BLUES). I felt that I could not shake off the blues even with help from my family or friends.

RARELY OR NONE OF THE TIME (LESS THAN ONE DAY) 1

SOME OR A LITTLE OF THE TIME (1-2 DAYS) 2

OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS) 3

MOST OR ALL OF THE TIME (5-7 DAYS) 4

REFUSED -1

DON’T KNOW -2

MH005/(GOOD\_AS\_OTHERS). I felt that I was just as good as other people.

RARELY OR NONE OF THE TIME (LESS THAN ONE DAY) 1

SOME OR A LITTLE OF THE TIME (1-2 DAYS) 2

OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS) 3

MOST OR ALL OF THE TIME (5-7 DAYS) 4

REFUSED -1

DON’T KNOW -2

MH006/(TRB\_KEEP\_MIND). I had trouble keeping my mind on what I was doing.

RARELY OR NONE OF THE TIME (LESS THAN ONE DAY) 1

SOME OR A LITTLE OF THE TIME (1-2 DAYS) 2

OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS) 3

MOST OR ALL OF THE TIME (5-7 DAYS) 4

REFUSED -1

DON’T KNOW -2

MH007/(DEPRESSED). I felt depressed.

RARELY OR NONE OF THE TIME (LESS THAN ONE DAY) 1

SOME OR A LITTLE OF THE TIME (1-2 DAYS) 2

OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS) 3

MOST OR ALL OF THE TIME (5-7 DAYS) 4

REFUSED -1

DON’T KNOW -2

MH008/(EVTHG\_EFFORT). I felt that everything I did was an effort.

RARELY OR NONE OF THE TIME (LESS THAN ONE DAY) 1

SOME OR A LITTLE OF THE TIME (1-2 DAYS) 2

OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS) 3

MOST OR ALL OF THE TIME (5-7 DAYS) 4

REFUSED -1

DON’T KNOW -2

MH009/(HOPEFUL\_FUTURE). I felt hopeful about the future.

RARELY OR NONE OF THE TIME (LESS THAN ONE DAY) 1

SOME OR A LITTLE OF THE TIME (1-2 DAYS) 2

OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS) 3

MOST OR ALL OF THE TIME (5-7 DAYS) 4

REFUSED -1

DON’T KNOW -2

MH010/(LIFE\_FAILURE). I thought my life had been a failure.

RARELY OR NONE OF THE TIME (LESS THAN ONE DAY) 1

SOME OR A LITTLE OF THE TIME (1-2 DAYS) 2

OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS) 3

MOST OR ALL OF THE TIME (5-7 DAYS) 4

REFUSED -1

DON’T KNOW -2

MH011/(FELT\_FEARFUL). I felt fearful.

RARELY OR NONE OF THE TIME (LESS THAN ONE DAY) 1

SOME OR A LITTLE OF THE TIME (1-2 DAYS) 2

OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS) 3

MOST OR ALL OF THE TIME (5-7 DAYS) 4

REFUSED -1

DON’T KNOW -2

MH012/(SLEEP\_RESTLESS). My sleep was restless.

RARELY OR NONE OF THE TIME (LESS THAN ONE DAY) 1

SOME OR A LITTLE OF THE TIME (1-2 DAYS) 2

OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS) 3

MOST OR ALL OF THE TIME (5-7 DAYS) 4

REFUSED -1

DON’T KNOW -2

MH013/(HAPPY). I was happy.

RARELY OR NONE OF THE TIME (LESS THAN ONE DAY) 1

SOME OR A LITTLE OF THE TIME (1-2 DAYS) 2

OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS) 3

MOST OR ALL OF THE TIME (5-7 DAYS) 4

REFUSED -1

DON’T KNOW -2

MH014/(TALKED\_LESS). I talked less than usual.

RARELY OR NONE OF THE TIME (LESS THAN ONE DAY) 1

SOME OR A LITTLE OF THE TIME (1-2 DAYS) 2

OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS) 3

MOST OR ALL OF THE TIME (5-7 DAYS) 4

REFUSED -1

DON’T KNOW -2

MH015/(FELT\_LONELY). I felt lonely.

RARELY OR NONE OF THE TIME (LESS THAN ONE DAY) 1

SOME OR A LITTLE OF THE TIME (1-2 DAYS) 2

OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS) 3

MOST OR ALL OF THE TIME (5-7 DAYS) 4

REFUSED -1

DON’T KNOW -2

MH016/(PEOPLE\_UNFRIENDLY). People were unfriendly.

RARELY OR NONE OF THE TIME (LESS THAN ONE DAY) 1

SOME OR A LITTLE OF THE TIME (1-2 DAYS) 2

OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS) 3

MOST OR ALL OF THE TIME (5-7 DAYS) 4

REFUSED -1

DON’T KNOW -2

MH017/(ENJOYED\_LIFE). I enjoyed life.

RARELY OR NONE OF THE TIME (LESS THAN ONE DAY) 1

SOME OR A LITTLE OF THE TIME (1-2 DAYS) 2

OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS) 3

MOST OR ALL OF THE TIME (5-7 DAYS) 4

REFUSED -1

DON’T KNOW -2

MH018/(CRYING\_SPELLS). I had crying spells.

RARELY OR NONE OF THE TIME (LESS THAN ONE DAY) 1

SOME OR A LITTLE OF THE TIME (1-2 DAYS) 2

OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS) 3

MOST OR ALL OF THE TIME (5-7 DAYS) 4

REFUSED -1

DON’T KNOW -2

MH019/(FELT\_SAD). I felt sad.

RARELY OR NONE OF THE TIME (LESS THAN ONE DAY) 1

SOME OR A LITTLE OF THE TIME (1-2 DAYS) 2

OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS) 3

MOST OR ALL OF THE TIME (5-7 DAYS) 4

REFUSED -1

DON’T KNOW -2

MH020/(FEEL\_PEOP\_DISLIKE). I felt that people dislike me.

RARELY OR NONE OF THE TIME (LESS THAN ONE DAY) 1

SOME OR A LITTLE OF THE TIME (1-2 DAYS) 2

OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS) 3

MOST OR ALL OF THE TIME (5-7 DAYS) 4

REFUSED -1

DON’T KNOW -2

MH021/(NOT\_GET\_GOING). I could not get “going.”

RARELY OR NONE OF THE TIME (LESS THAN ONE DAY) 1

SOME OR A LITTLE OF THE TIME (1-2 DAYS) 2

OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS) 3

MOST OR ALL OF THE TIME (5-7 DAYS) 4

REFUSED -1

DON’T KNOW -2

MH022. Now I will ask you about your feelings and thoughts. For each question, please tell me how often you felt or thought a certain way during the past month.

MH023/(NO\_CONTROL). In the last month, how often have you felt that you were unable to control the important things in your life? Would you say never, almost never, sometimes, fairly often, or very often?

NEVER 1

ALMOST NEVER 2

SOMETIMES 3

FAIRLY OFTEN 4

VERY OFTEN 5

REFUSED -1

DON’T KNOW -2

MH024/(HANDLE\_PROBLEMS). In the last month, how often have you felt confident about your ability to handle your personal problems? Would you say never, almost never, sometimes, fairly often, or very often?

NEVER 1

ALMOST NEVER 2

SOMETIMES 3

FAIRLY OFTEN 4

VERY OFTEN 5

REFUSED -1

DON’T KNOW -2

MH025/(GOING\_WELL). In the last month, how often have you felt that things were going your way? Would you say never, almost never, sometimes, fairly often, or very often?

NEVER 1

ALMOST NEVER 2

SOMETIMES 3

FAIRLY OFTEN 4

VERY OFTEN 5

REFUSED -1

DON’T KNOW -2

MH026/(NOT\_OVERCOME). In the last month, how often have you felt difficulties were piling up so high that you could not overcome them? Would you say never, almost never, sometimes, fairly often, or very often?

NEVER 1

ALMOST NEVER 2

SOMETIMES 3

FAIRLY OFTEN 4

VERY OFTEN 5

REFUSED -1

DON’T KNOW -2

**PATERNAL INVOLVEMENT**

**(TIME\_STAMP\_11) PROGRAMMER INSTRUCTION:**

* INSERT DATE/TIME STAMP

GENERAL INVOLVEMENT:

INV001/(TIMING). Now I'd like to ask about your spouse or partner's current pregnancy. Did you feel that she became pregnant sooner than you wanted, later than you wanted or at about the right time?

TOO SOON 1

RIGHT TIME 2

LATER 3

DIDN’T CARE 4

REFUSED -1

DON’T KNOW -2

INV003. Have you done any of the following?

INV004/(DISCUSS\_PREG). Discussed the pregnancy with spouse/partner?

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

INV005/(SEEN\_SONO). Seen a sonogram/ultrasound?

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

INV006/(LISTEN\_HEART). Listened to baby’s heartbeat?

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

INV007/(FELT\_MOVE). Felt baby move?

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

INV008/(ATTEND\_LAMAZE). Attended childbirth or Lamaze classes?

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

INV009/(BOUGHT\_BABY). Bought things for the baby?

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

GENERAL COMMITMENT:

INV014/(PLAN\_ATTEND\_BIRTH). Do you plan to be present at the birth?

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

INV015/(CHILD\_LNAME). Will the {baby/babies} have your last name?

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

**PROGRAMMER INSTRUCTION:**

* IF IN MOTHER’S PREGNANCY VISIT 1 INTERVIEW, **MULTIPLE\_GESTATION** =1, -1 OR -2, DISPLAY “BABY,” ELSE DISPLAY “BABIES.”

INV016/(WANT\_CHILD\_LNAME). Do you want the {baby/babies} to have your last name?

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

**PROGRAMMER INSTRUCTION:**

* If IN MOTHER’S PREGNANCY VISIT 1 INTERVIEW, **MULTIPLE\_GESTATION** =1, -1 OR -2, DISPLAY “BABY,” ELSE DISPLAY “BABIES.”

INV017/(FAM\_ATTEND\_BIRTH). Will any of your family members be present for the birth?

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

INV018/(WANT\_FAM\_ATTEND). Do you want any of your family members to be present for the birth?

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

BELIEFS ABOUT INVOLVEMENT:

INV021. Here are some statements that men have made about their role as fathers and what it means to be a father. For each of the following statements, please tell me whether you strongly agree, agree, disagree, or strongly disagree with the statement.

**INTERVIEWER INSTRUCTION:**

* IF USING SHOWCARDS FOR **INV022 – INV037**, REFER PARTICIPANT TO APPROPRIATE SHOWCARD. OTHERWISE, READ RESPONSE CATEGORIES TO RESPONDENT.

PROGRAMMER INSTRUCTION:

* IF USING SHOWCARDS FOR **INV022 – INV037**, DISPLAY RESPONSE CATEGORIES IN ALL CAPITAL LETTERS. OTHERWISE, DISPLAY RESPONSE CATEGORIES AS MIXED UPPER/LOWER CASE.

INV022/(F\_TIME\_ESSENTIAL). It is essential for the child's well being that fathers spend time playing with their children.

STRONGLY AGREE 1

AGREE 2

DISAGREE 3

STRONGLY DISAGREE 4

REFUSED -1

DON’T KNOW -2

INV023/(AFFECT\_DIFFICULT). It is difficult for men to express affectionate feelings toward babies.

STRONGLY AGREE 1

AGREE 2

DISAGREE 3

STRONGLY DISAGREE 4

REFUSED -1

DON’T KNOW -2

INV024/(F\_INVOLVED\_AS\_M). A father should be as heavily involved as the mother in the care of the child.

STRONGLY AGREE 1

AGREE 2

DISAGREE 3

STRONGLY DISAGREE 4

REFUSED -1

DON’T KNOW -2

INV025/(F\_EFFECTS\_BABY). The way a father treats his baby has long-term effects on the child.

STRONGLY AGREE 1

AGREE 2

DISAGREE 3

STRONGLY DISAGREE 4

REFUSED -1

DON’T KNOW -2

INV026/(F\_PROVIDE\_MATTER). The activities a father does with his children don't matter. What matters more is whether he provides for them.

STRONGLY AGREE 1

AGREE 2

DISAGREE 3

STRONGLY DISAGREE 4

REFUSED -1

DON’T KNOW -2

INV027/(F\_SUPPORT\_M). One of the most important things a father can do for his children is to give their mother encouragement and emotional support.

STRONGLY AGREE 1

AGREE 2

DISAGREE 3

STRONGLY DISAGREE 4

REFUSED -1

DON’T KNOW -2

INV028/(F\_REWARD). All things considered, fatherhood is a highly rewarding experience.

STRONGLY AGREE 1

AGREE 2

DISAGREE 3

STRONGLY DISAGREE 4

REFUSED -1

DON’T KNOW -2

INV037/(F\_LIFE\_WORK\_OUT). I have always felt pretty sure my life would work out the way I wanted it to.

STRONGLY AGREE 1

AGREE 2

DISAGREE 3

STRONGLY DISAGREE 4

REFUSED -1

DON’T KNOW -2

**MASCULINITY**

**(TIME\_STAMP\_12) PROGRAMMER INSTRUCTION:**

* INSERT DATE/TIME STAMP

MSC001. The next few questions ask for your thoughts about men’s lives. For each of the following statements, please tell me whether you strongly agree, agree, neither disagree nor agree, disagree, or strongly disagree with the statement.

**INTERVIEWER INSTRUCTION:**

* IF USING SHOWCARDS FOR **MSC002 – MSC008**, REFER PARTICIPANT TO APPROPRIATE SHOWCARD. OTHERWISE, READ RESPONSE CATEGORIES TO RESPONDENT.

PROGRAMMER INSTRUCTION:

* IF USING SHOWCARDS FOR **MSC002 – MSC008**, DISPLAY RESPONSE CATEGORIES IN ALL CAPITAL LETTERS. OTHERWISE, DISPLAY RESPONSE CATEGORIES AS MIXED UPPER/LOWER CASE.

MSC002/(F\_MASC\_RESP). A man always deserves the respect of his wife and children.

STRONGLY AGREE 1

AGREE 2

NEITHER DISAGREE NOR AGREE..3

DISAGREE 4

STRONGLY DISAGREE 5

REFUSED -1

DON’T KNOW -2

MSC003/(F\_MASC\_CONF). I admire a man who is totally sure of himself.

STRONGLY AGREE 1

AGREE 2

NEITHER DISAGREE NOR AGREE..3

DISAGREE 4

STRONGLY DISAGREE 5

REFUSED -1

DON’T KNOW -2

MSC004/(F\_MASC\_HUBRIS). A man will lose respect if he talks about his problems.

STRONGLY AGREE 1

AGREE 2

NEITHER DISAGREE NOR AGREE....3

DISAGREE 4

STRONGLY DISAGREE 5

REFUSED -1

DON’T KNOW -2

PROGRAMMER INSTRUCTIONS:

* IF CURRENT\_PARENT = 1, GO TO MSC005.
* OTHERWISE, GO TO END.

MSC005. Now we’re going to present a few more statements about parenting. How true do you feel each of the following statements is in your life?

MSC006/(F\_PARENT\_HARDER). Being a parent is harder than I thought it would be. Would you say this statement is never true, rarely true, sometimes true, mostly true, or always true?

 NEVER TRUE 1

RARELY TRUE 2

SOMETIMES TRUE 3

MOSTLY TRUE 4

ALWAYS TRUE 5

REFUSED -1

DON’T KNOW -2

MSC007/(F\_GIVE\_LIFE). I find myself giving up more of my life to meet my child’s needs than I ever expected. Would you say this statement is never true, rarely true, sometimes true, mostly true, or always true?

NEVER TRUE 1

RARELY TRUE 2

SOMETIMES TRUE 3

MOSTLY TRUE 4

ALWAYS TRUE 5

REFUSED -1

DON’T KNOW -2

MSC008/(F\_FEEL\_TRAPPED). I feel trapped by my responsibilities as a parent. Would you say this statement is never true, rarely true, sometimes true, mostly true, or always true?

NEVER TRUE 1

RARELY TRUE 2

SOMETIMES TRUE 3

MOSTLY TRUE 4

ALWAYS TRUE 5

REFUSED -1

DON’T KNOW -2

(END). Thank you for participating in the National Children’s Study and for taking the time to complete this interview.

**(TIME\_STAMP\_13) PROGRAMMER INSTRUCTION:**

* INSERT DATE/TIME STAMP