



## 9-Month Interview

<b>Event:</b>	9-Month
<b>Respondent:</b>	Parent/Caregiver
<b>Participant:</b>	Child
<b>Domain:</b>	Questionnaire
<b>Type of Document:</b>	Interview
<b>Allowable Mode:</b>	In Person, Telephone, Mail, Web
<b>Allowable Method:</b>	CAPI/CATI
<b>Recruitment Groups:</b>	EH, PB, HI, LI, PBS
<b>Version:</b>	X.X
<b>Release:</b>	MDES 3.0

This page intentionally left blank.

# 9-Month Interview

## TABLE OF CONTENTS

INTERVIEWER COMPLETED QUESTIONS.....	1
CHILD DEVELOPMENT AND PARENTING.....	3
HEALTH CARE.....	6

# 9-Month Interview

## INTERVIEWER COMPLETED QUESTIONS

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

- INSERT DATE/TIME STAMP

### PROGRAMMER INSTRUCTIONS:

- PRELOAD PARTICIPANT ID (**P\_ID**) FOR CHILD AND RESPONDENT ID (**R\_P\_ID**) FOR PARENT/CAREGIVER.
- PRELOAD FIRST NAME OF CHILD OR CHILDREN AND DISPLAY APPROPRIATE NAME IN "**C\_FNAME**" THROUGHOUT THE INSTRUMENT.
- USE "the child" IN APPROPRIATE FIELDS THROUGHOUT THE INSTRUMENT IF CHILD'S NAME IS REFUSED OR DON'T KNOW.

**IC001/(MULT\_CHILD).** IS THERE MORE THAN ONE CHILD IN THIS HOUSEHOLD ELIGIBLE FOR THE 9-MONTH INTERVIEW TODAY?

YES..... 1  
NO..... 2 (**CHILD\_SEX**)

**IC006/(CHILD\_NUM).** HOW MANY CHILDREN IN THIS HOUSEHOLD ARE ELIGIBLE FOR THE 9-MONTH INTERVIEW TODAY?

\_\_\_\_\_  
NUMBER OF CHILDREN

### PROGRAMMER INSTRUCTIONS:

- IF **CHILD\_NUM**=>1, GO TO **CHILD\_QNUM** AND LOOP THROUGH QUESTIONNAIRE FROM **CHILD\_QNUM** THROUGH **TIME\_STAMP\_4**, THEN GO TO **END**.

**IC011/(CHILD\_QNUM).** WHICH NUMBER CHILD IS THIS QUESTIONNAIRE FOR?

\_\_\_\_\_  
NUMBER

### PROGRAMMER INSTRUCTION:

- **CHILD\_QNUM** CANNOT BE GREATER THAN **CHILD\_NUM**.

**IC017/(CHILD\_SEX).** IS {**C\_FNAME**} A MALE OR A FEMALE?

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

**PROGRAMMER INSTRUCTIONS:**

- IF **CHILD\_SEX** = 1, DISPLAY “his” AND “he” IN APPROPRIATE FIELDS THROUGHOUT INSTRUMENT.
- IF **CHILD\_SEX** = 2, DISPLAY “her” AND “she” IN APPROPRIATE FIELDS THROUGHOUT INSTRUMENT.

**IC018/(RESP\_REL).** WHAT IS THE RELATIONSHIP OF PARENT/CAREGIVER TO CHILD?

MOTHER..... 1 **(TIME\_STAMP\_2)**  
FATHER..... 2 **(TIME\_STAMP\_2)**  
OTHER..... 3

**IC019/(RESP\_REL\_OTH).**

SPECIFY \_\_\_\_\_

**PROGRAMMER INSTRUCTION:**

- LIMIT FREE TEXT TO 255 CHARACTERS.

## CHILD DEVELOPMENT AND PARENTING

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

- INSERT DATE/TIME STAMP.

**CDP001.** First, I will read you a list of things {C\_FNAME/the child} may already do or may start doing when {he/she} gets older. Does {C\_FNAME/the child}:

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

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

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

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

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

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

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

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

**CDP015/(WAVE).** Wave goodbye?

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

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

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

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

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

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

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

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

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

**CDP021/(SOUND\_3).** Turn toward someone when they're speaking?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**CDP037/(WALK).** Walk by {himself/herself}, without holding onto something?

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

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

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

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

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



## HEALTH CARE

### (TIME\_STAMP\_3) PROGRAMMER INSTRUCTION:

- INSERT DATE/TIME STAMP.

**HL001.** The next questions are about {C\_FNAME/the child}'s health care.

**HL002/(R\_HCARE).** First, what kind of place does {C\_FNAME/the child} usually go to when {he/she} needs routine or well-child care, such as a check-up or well-baby shots (immunizations)?

Clinic or health center.....	1	(C_HEALTH)
.....		
Doctor's office or Health Maintenance Organization (HMO).....	2	(C_HEALTH)
.....		
Hospital emergency room.....	3	(C_HEALTH)
.....		
Hospital outpatient department.....	4	(C_HEALTH)
Some other place.....	-5	
DOESN'T GO TO ONE PLACE MOST OFTEN.....	6	(C_HEALTH)
.....		
DOESN'T GET WELL-CHILD CARE ANYWHERE.....	7	(C_HEALTH)
REFUSED .....	-1	(C_HEALTH)
DON'T KNOW.....	-2	(C_HEALTH)

**HL002A/(R\_HCARE\_OTH).**

SPECIFY \_\_\_\_\_

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

### PROGRAMMER INSTRUCTION:

- LIMIT FREE TEXT TO 255 CHARACTERS.

**HL003/(C\_HEALTH).** Would you say {C\_FNAME/the child}'s health in general is poor, fair, good, or excellent?

POOR .....	1
FAIR .....	2
GOOD .....	3
EXCELLENT.....	4
REFUSED.....	-1
DON'T KNOW.....	-2

### PROGRAMMER INSTRUCTIONS:

- IF RESP\_REL = 1, GO TO USE\_IC\_LOG.
- OTHERWISE, GO TO HL011.

**HL004/(USE\_IC\_LOG).** First, are you using the Infant and Child Health Care Log? This is the booklet that you or your health care provider (pediatrician or family medicine doctor, specialist (like a surgeon, heart, allergy, or skin doctor), nurse practitioner, physician assistant, nurse, social worker/counselor, etc.) uses to record information about the child's medical visits.

- YES..... 1 (NUM\_PROV\_IC\_LOG)
- NO..... 2
- REFUSED..... -1 (HL011)
- DON'T KNOW..... -2 (HL011)

**HL005/(REASON\_NO\_IC\_LOG).** Is that because

- Your child hasn't had a medical visit since our last interview,.... 1 (HL011)
- You've misplaced the log..... 2 (HL006)
- You've forgotten to bring it to the child's medical visits..... 3 (HL007)
- The log was too much trouble to complete, or..... 4 (HL007)
- The log was too difficult to understand?..... 5 (HL011)
- OTHER (SPECIFY):.....-5
- REFUSED..... -1 (HL011)
- DON'T KNOW..... -2 (HL011)

**HL005A/(REASON\_NO\_IC\_LOG\_OTH).**

OTHER: SPECIFY \_\_\_\_\_ (HL011)

**PROGRAMMER INSTRUCTION:**

- LIMIT TEXT TO 255 CHARACTERS.

**HL006.** We'll get another Infant and Child Health Care Log in the mail to you today. (HL011)

**HL007.** This information is very important to the study. Please keep the log in a safe place and bring the log with you to all of the child's medical visits. (HL011)

**HL008/(NUM\_PROV\_IC\_LOG).** How many health care providers has the child seen since using this Infant and Child Health Care Log?

NUMBER OF PROVIDERS

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

**HL009/(NUM\_PROV\_REC).** Of those providers that the child has seen, how many providers have you recorded their contact information such as address or phone number?

NUMBER OF CONTACTS

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

**HL011.** I am now going to ask some questions about the child's visits to a doctor or other health care provider (pediatrician or family medicine doctor, specialist (like a surgeon, heart, allergy, or skin doctor). It would be helpful if you referred to {the Infant and Child Health Care Log that you received as part of this study or to} personal records or a calendar that you keep that would help you to remember the dates of these visits. If you have this information available, please go and get it now.

**PROGRAMMER INSTRUCTION:**

- DISPLAY TEXT IN BRACKETS IF **USE\_IC\_LOG** = 1.

**HL012/(LAST\_VISIT\_MM)(LAST\_VISIT\_DD)(LAST\_VISIT\_YY).** What was the date of {C\_FNAME/the child}'s most recent well-child visit or checkup?

MONTH:  
|\_|\_|  
M M

HAS NOT HAD A VISIT.....-7 (SAME\_CARE)  
REFUSED..... -1 (SAME\_CARE)  
DON'T KNOW..... -2

DAY:  
|\_|\_|  
D D

REFUSED..... -1 (SAME\_CARE)  
DON'T KNOW..... -2

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

REFUSED..... -1 (SAME\_CARE)  
DON'T KNOW..... -2 (SAME\_CARE)

**INTERVIEWER INSTRUCTIONS:**

- SHOW CALENDAR TO ASSIST IN DATE RECALL.
- ENTER A TWO DIGIT MONTH, TWO DIGIT DAY, AND A FOUR DIGIT YEAR

**HL013/(VISIT\_WT).** What was {C\_FNAME/the child}'s weight at that visit?

|\_|\_|  
POUNDS

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

**PROGRAMMER INSTRUCTIONS:**

- INCLUDE A SOFT EDIT IF WEIGHT < 13 OR > 26 POUNDS.
- IF **USE\_IC\_LOG** = 1, GO TO **HL014**.
- OTHERWISE, GO TO **SAME\_CARE**

**HL014.** If you haven't yet, please put a check mark in the box next to the visit you just told me about in your Infant and Child Health Care Log.

**HL015/(SAME\_CARE).** If {C\_FNAME/the child} is sick or if you have concerns about {his/her} health, does {he/she} go to the same place as for well-child visits?

- YES..... 1 **(HOSPITAL)**
- NO..... 2
- HAS NOT BEEN SICK..... -7 **(TIME\_STAMP\_4)**
- REFUSED..... -1
- DON'T KNOW..... -2

**HL016/(HCARE\_SICK).** What kind of place does {C\_FNAME/the child} usually go to when {he/she} is sick, doesn't feel well, or if you have concerns about {his/her} health?

- Clinic or health center..... 1 **(HOSPITAL)**
- .....
- Doctor's office or Health Maintenance Organization (HMO)..... 2 **(HOSPITAL)**
- .....
- Hospital emergency room..... 3 **(HOSPITAL)**
- .....
- Hospital outpatient department..... 4 **(HOSPITAL)**
- .....
- Some other place.....-5
- DOESN'T GO TO ONE PLACE MOST OFTEN..... 6 **(HOSPITAL)**
- .....
- HAS NOT BEEN SICK.....-7 **(TIME\_STAMP\_4)**
- .....
- REFUSED .....-1 **(HOSPITAL)**
- .....
- DON'T KNOW.....-2 **(HOSPITAL)**
- .....

**HL017/( HCARE\_SICK\_OTH).**

- SPECIFY \_\_\_\_\_
- REFUSED..... -1
- DON'T KNOW..... -2

**PROGRAMMER INSTRUCTION:**

- LIMIT FREE TEXT TO 255 CHARACTERS.

**HL018/(HOSPITAL).** Since {DATE OF LAST INTERVIEW}, has {C\_FNAME/the child} spent at least one night in the hospital?

YES..... 1  
NO..... 2 (TIME\_STAMP\_4)  
REFUSED..... -1 (TIME\_STAMP\_4)  
DON'T KNOW..... -2 (TIME\_STAMP\_4)

**PROGRAMMER INSTRUCTIONS:**

- IF 6-MONTH INTERVIEW SET TO COMPLETE, PRELOAD 6-MONTH INTERVIEW DATE FOR DATE OF LAST INTERVIEW.
- IF 6-MONTH INTERVIEW NOT SET TO COMPLETE, PRELOAD DATE OF MOST RECENT CHILD INTERVIEW FOR DATE OF LAST INTERVIEW.

**HL019/(HOSPITAL\_TIMES).** How many times since {DATE OF LAST INTERVIEW} has {C\_FNAME/the child} spent at least one night in the hospital?

TIMES

REFUSED..... -1 (TIME\_STAMP\_4)  
DON'T KNOW..... -2 (TIME\_STAMP\_4)

**PROGRAMMER INSTRUCTIONS:**

- IF 6-MONTH INTERVIEW SET TO COMPLETE, PRELOAD 6-MONTH INTERVIEW DATE FOR DATE OF LAST INTERVIEW.
- IF 6-MONTH INTERVIEW NOT SET TO COMPLETE, PRELOAD DATE OF MOST RECENT CHILD INTERVIEW FOR DATE OF LAST INTERVIEW.
- LOOP THROUGH ADMIN\_DATE\_MM, ADMIN\_DATE\_DD, ADMIN\_DATE\_YY, HOSP\_NIGHTS, DIAGNOSE, DIAGNOSE\_OTH (IF DIAGNOSE = 1), AND HL024 (IF USE\_IC\_LOG=1) FOR EACH HOSPITAL ADMISSION.
- TOTAL NUMBER OF LOOPS SHOULD EQUAL VALUE ENTERED IN HOSPITAL.
- AFTER COMPLETING FINAL LOOP, GO TO TIME\_STAMP\_4.

**HL020/(ADMIN\_DATE\_MM)(ADMIN\_DATE\_DD)(ADMIN\_DATE\_YY).** What was the admission date of {C\_FNAME/the child}'s {most recent/next most recent} hospital stay?

MONTH:  
   
M M

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

DAY:  
   
D D

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

YEAR:

Y	Y	Y	Y

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

**PROGRAMMER INSTRUCTIONS:**

- IF FIRST LOOP, DISPLAY "most recent".
- OTHERWISE, DISPLAY "next most recent".

**INTERVIEWER INSTRUCTIONS:**

- SHOW CALENDAR TO ASSIST IN DATE RECALL.
- ENTER A TWO DIGIT MONTH, TWO DIGIT DAY, AND A FOUR DIGIT YEAR

**HL021/(HOSP\_NIGHTS).** How many nights did {C\_FNAME/the child} stay in the hospital during this hospital stay?

--	--	--	--

NUMBER OF NIGHTS

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

**INTERVIEWER INSTRUCTION:**

- CONFIRM RESPONSE

**HL022/(DIAGNOSE).** Did a doctor or other health care provider give you a diagnosis for {C\_FNAME/the child} during this hospital stay?

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

**PROGRAMMER INSTRUCTIONS:**

- IF DIAGNOSE = 1, GO TO DIAGNOSE\_OTH.
- IF DIAGNOSE = 2, -1, OR -2, AND USE\_IC\_LOG =1, GO TO HL023.
- OTHERWISE, GO TO TIME\_STAMP\_4.

**HL023/(DIAGNOSE\_OTH).** What was the diagnosis?

**INTERVIEWER INSTRUCTIONS:**

- ENTER ALL DIAGNOSES IN FIELD SEPARATED BY COMMAS OR AN "AND".
- PROBE: "Anything else?"

\_\_\_\_\_

DIAGNOSES

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

**PROGRAMMER INSTRUCTION:**

- LIMIT TEXT TO 255 CHARACTERS.
- IF USE\_IC\_LOG = 1, GO TO HL024.
- OTHERWISE, GO TO TIME\_STAMP\_4.

**HL024.** If you haven't yet, please put a check mark in the box next to the visit you just told me about in your Infant and Child Health Care Log.

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

- INSERT DATE/TIME STAMP.

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

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

- INSERT DATE/TIME STAMP.