OMB #: 0925-0593 OMB Expiration Date: 07/31/ 2013 18-Month Interview, Phase 2e



18-Month Interview

Event: 18-Month

Respondent: Parent/Caregiver

Participant: Child

Domain: Questionnaire

Type of Document: Interview

Allowable Mode: In Person, Telephone, Mail, Web

Allowable Method: CAPI/CATI

Recruitment Groups: EH, PB, HI, LI, PBS

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18-Month Interview

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18-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 18-MONTH INTERVIEW TODAY?

YES	1		
NO	2	(CHILD	SEX)

IC005/(CHILD_NUM). HOW MANY CHILDREN IN THIS HOUSEHOLD ARE ELIGIBLE FOR THE 18-MONTH INTERVIEW TODAY?



PROGRAMMER INSTRUCTIONS:

■ IF CHILD_NUM>1, GO TO CHILD_QNUM AND LOOP THROUGH QUESTIONAIRE FROM CHILD_QNUM THROUGH SMOKE_HOURS FOR EACH CHILD UNTIL CHILD_NUM=CHILD_QNUM. THEN GO TO PETS.

IC011/(CHILD QNUM). WHICH NUMBER CHILD IS THIS INTERVIEW FOR?



PROGRAMMER INSTRUCTION:

• CHILD_QNUM CANNOT BE GREATER THAN CHILD_NUM.

IC017/(CHILD_SEX). IS {C_FNAME} A MALE OR 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
FATHER	2
OTHER	3

PROGRAMMER INSTRUCTIONS:

- IF RESP_REL = 1 OR 2, GO TO PROGRAMMER INSTRUCTIONS FOLLOWING RESP_REL_OTH.
- OTHERWISE, GO TO **RESP_REL_OTH.**

IC019/(RE	SP_REL_OTH).	
SPECIFY _		

- LIMIT TEXT TO 255 CHARACTERS.
- IF CHILD_QNUM = 1 AND RESP_REL = 1, GO TO MARISTAT.
- IF CHILD_QNUM >1 AND RESP_REL = 1, GO TO SL001.
- IF **RESP_REL** = 2, GO TO **SL001.**
- IF RESP_REL = 3, GO TO TIME_STAMP_4.

DEMOGRAPHICS

(TIME_STAMP_2) PROGRAMMER INSTRUCTION:

INSERT DATE/TIME STAMP

DE004/(MARISTAT). I'd like to ask about your marital status. Are you:

Married,	1
Not married but living together with a partner	
Never been married,	3
Divorced,	4
Separated, or	5
Widowed?	6
REFUSED	1
DON'T KNOW	2

INTERVIEWER INSTRUCTION:

• RECORD THE MOTHER'S <u>CURRENT</u> MARITAL STATUS

DE005. Now I have a few questions about {C FNAME/the child}'s primary household.

PROGRAMMER INSTRUCTIONS:

- IF **NUM_HH** COMPLETED DURING PREVIOUS INTERVIEW AND VALID RESPONSE PROVIDED, PRELOAD **NUM_HH** AND **HH_MEM_DOB** FOR EACH **FNAME** FROM BIRTH INTERVIEW AND THEN GO TO **HHCOMP_CHANGE**.
- OTHERWISE, GO TO NUM HH.

DE010/(NUM_HH). How many persons are currently living in or staying in this household, <u>not</u> including the child?

 NUMBER OF PERSONS	
REFUSED DON'T KNOW	

DE012/(MILITARY_HH). Have any household members ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but <u>does</u> include activation, for example, for the Persian Gulf War.

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

- LOOP THROUGH FNAME_HH, CHILD_RELAT, CHILD_RELAT_OTH_1 (IF CHILD_RELAT = 7), CHILD_RELAT_OTH_2 (IF CHILD_RELAT = 8), HH_MEM_DOB, ACTIVE_DUTY (IF MILITARY_HH = 1 AND EITHER HH_MEM_AGE ≥ 18 YEARS OR HH_MEM_DOB = -1 OR -2), AND BRANCH_SERV (IF ACTIVE_DUTY = 1, 2 OR 3) UNTIL NUMBER OF LOOPS = NUM_HH.
- THEN GO TO **DE095**.

DE015/(FNAME_HH). {What are the names of all the persons living or staying in this household? Start with the name of the person, or one of the persons, who owns or rents this home}/{What is the name of the next person living or staying here?}

INTERVIEWER INSTRUCTION:	CONFIRM
SPELLING.	COM IN
FIRST NAME	
REFUSED	
PROGRAMMER INSTRUCTIONS:	IE EIDOT
LOOP CYCLE, DISPLAY "What are the names of all the persons"	IF FIRST
SUBSEQUENT LOOP CYCLE, DISPLAY "What is the name of the next	••
DE020/(CHILD_RELAT). How is {F_NAME} related to the child?	
MOTHER. 1 (HH_MEM_DOB) FATHER. 2 (HH_MEM_DOB) GRANDMOTHER. 3 (HH_MEM_DOB) GRANDFATHER. 4 (HH_MEM_DOB) SISTER. 5 (HH_MEM_DOB) BROTHER. 6 (HH_MEM_DOB) OTHER RELATIVE. 7 OTHER NON-RELATIVE. 8 (CHILD_RELAT_COM) REFUSED. -1 (HH_MEM_DOB) DON'T KNOW. -2 (HH_MEM_DOB))TH_2)
PROGRAMMER INSTRUCTION: • DISPLAY F_NAME.	
DE025/(CHILD_RELAT_OTH_1).	
SPECIFY:	
REFUSED1 DON'T KNOW2	
PROGRAMMER INSTRUCTIONS:	

- LIMIT TEXT TO 255 CHARACTERS.
- GO TO **HH_MEM_DOB**.

DE030/	CHILD	RELA	г от	H 2).

SPECIFY:		
DEFLICED		,
KEFUSED.		
DON'T KNO	OW	2

PROGRAMMER INSTRUCTION:

LIMIT TEXT TO 255 CHARACTERS.

DE032/(HH_MEM_DOB). What is {F_NAME}'s date of birth?

INTERVIEWER INSTRUCTIONS:

• IF PARENT/CAREGIVER REFUSES TO PROVIDE INFORMATION, RE-STATE CONFIDENTIALITY PROTECTIONS

• ENTER A

TWO-DIGIT MONTH, TWO-DIGIT DAY, AND A FOUR-DIGIT YEAR.

• IF RESPONSE WAS DETERMINED TO BE INVALID, ASK QUESTION AGAIN AND PROBE FOR VALID RESPONSE.

MONTH:	I	I	I	
	M	M	_1	
DAY:	<u> </u> D	<u> </u> D	_	
YEAR:	<u> </u>			
	Υ	Υ	Υ	Y

REFUSED	-1
DON'T KNOW	-2

- FORMAT **HH_MEM_DOB** AS YYYYMMDD.
- DISPLAY F NAME.
- IF **MILITARY HH** = 1 AND,
 - 0 IF VALID RESPONSE PROVIDED FOR **HH_MEM_DOB**, CALCULATE DERIVED VARIABLE, **HH_MEM_AGE**, BASED ON **HH_MEM_DOB** AND DATE OF CURRENT INTERVIEW:
 - IF HH_MEM_AGE ≥ 18 YEARS, GO TO ACTIVE_DUTY.
 - IF VALID RESPONSE NOT PROVIDED FOR HH_MEM_DOB, GO TO ACTIVE DUTY.
- OTHERWISE, COMPLETE LOOP:

- o IF NUMBER OF COMPLETED LOOPS < NUM HH, GO TO FNAME HH.
- o IF NUMBER OF COMPLETED LOOPS = **NUM_HH**, GO TO **DE095**.

DE035/(ACTIVE_DUTY). Has {F_NAME} ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard?

INTERVIEWER INSTRUCTION:

• READ AS NECESSARY: [Active duty does not include training for the Reserves or National Guard, but <u>does</u> include activation, for example, for the Persian Gulf War.]

Yes, they are now on active duty,	1
Yes, they were on active duty during the last 6	
months, but not now,	2
Yes, they were on active duty in the past, but not	
during the last 6 months,	3
No, they are training for Reserves or National	
Guard only, or	4
No, they never served in the military?	5
REFUSED	1
DON'T KNOW	2

PROGRAMMER INSTRUCTIONS:

- DISPLAY F NAME.
- IF ACTIVE_DUTY = 1, 2, OR 3, GO TO BRANCH_SERV.
- OTHERWISE, IF **ACTIVE_DUTY** = 4, 5, -1, OR -2, COMPLETE LOOP:
 - o IF NUMBER OF COMPLETED LOOPS < NUM HH, GO TO FNAME HH.
 - o IF NUMBER OF COMPLETED LOOPS = NUM HH, GO TO DE095.

DE040/(BRANCH_SERV). What {is/was} his or her branch of service?

Air Force,	1
Army,	2
Marine Corps,	
Navy, or	
Coast Guard?	
NOT IN U.S. ARMED FORCES	7
REFUSED	1
DON'T KNOW	2

- IF ACTIVE DUTY = 1, DISPLAY "is".
- IF **ACTIVE DUTY** = 2 OR 3, DISPLAY "was".
- IF NUMBER OF COMPLETED LOOPS < **NUM_HH**, GO TO **FNAME_HH** TO BEGIN NEXT LOOP.
- IF NUMBER OF COMPLETED LOOPS = NUM HH, GO TO DE095.

DE045/(HHCOMP_CHANGE). Have there been any changes in your household members since {C_FNAME/the child} was born?
YES
YES
 PROGRAMMER INSTRUCTIONS: IF HHCOMP_CHANGE = 2, -1 OR -2, AND HHCOMP_CHANGE_MIL =1, LOOP THROUGH HH_MIL_CHANGE_ROSTER, ACTIVE_DUTY_CHANGE, AND BRANCH_SERV_CHANGE (IF ACTIVE_DUTY_CHANGE = 1, 2, OR 3) FOR EACH F_NAME UNTIL NUMBER OF LOOPS = NUM_HH. IF HH_COMP_CHANGE = 1 AND HHCOMP_CHANGE_MIL = 2, -1, OR -2, LOOP THROUGH HH_CHANGE_ROSTER FOR EACH F_NAME. IF HH_COMP_CHANGE = 1 AND HHCOMP_CHANGE_MIL = 1, LOOP THROUGH HH_CHANGE_ROSTER, ACTIVE_DUTY_CHANGE, AND BRANCH_SERV_CHANGE (IF ACTIVE_DUTY_CHANGE = 1, 2, OR 3) FOR EACH F_NAME UNTIL NUMBER OF LOOPS = NUM_HH. OTHERWISE, IF HHCOMP_CHANGE = 2, -1, OR -2, AND HHCOMP_CHANGE_MIL = 2, -1, OR -2, GO TO DE095.
DE050/(HH_CHANGE_ROSTER). We have listed that [READ NAMES FROM MATRIX] lived in this household when {C_FNAME/the child} was born. As I read each person's name again, please tell me whether he or she still lives in this household.
Does {F_NAME} still live in this household?
INTERVIEWER INSTRUCTION: • REMOVE HH MEMBERS. ———————————————————————————————————
YES

- PRELOAD **F_NAME**.
- LIMIT TEXT TO 255 CHARACTERS.
- DISPLAY MATRIX PRELOADED WITH FIRST NAMES OF HH MEMBERS AND

- LOOP THROUGH EACH NAME LISTED ON MATRIX IF HHCOMP CHANGE MIL = 1 AND.
 - IF HH_MEM_DOB COLLECTED DURING PREVIOUS INTERVIEW AND VALID RESPONSE PROVIDED, CALCULATE DERIVED VARIABLE, HH_MEM_AGE, BASED ON HH_MEM_DOB AND DATE OF CURRENT INTERVIEW:
 - IF HH_MEM_AGE ≥ 18 YEARS, GO TO
 ACTIVE_DUTY_CHANGE AND LOOP THROUGH
 BRANCH_SERVICE_CHANGE (IF ACTIVE_DUTY_CHANGE =
 1. 2 OR 3). THEN RETURN TO HH CHANGE ROSTER
 - IF HH_MEM_DOB NOT COLLECTED DURING PREVIOUS INTERVIEW
 OR VALID RESPONSE NOT PROVIDED, GO TO
 ACTIVE_DUTY_CHANGE AND LOOP THROUGH
 BRANCH_SERVICE_CHANGE (IF ACTIVE_DUTY_CHANGE = 1, 2 OR
 3), THEN RETURN TO HH CHANGE ROSTER
- WHEN NUMBER OF LOOPS = **NUM_HH**, GO TO **OTHER_CHANGE_ROSTER**.

DE052/(HH_MIL_CHANGE_ROSTER). As I read each household member's name, please tell me whether he or she has had a change in military status. Has {F_NAME} had a change in military status?

INTERVIEWER INSTRUCTIONS:

- READ NAMES FROM MATRIX.
- SELECT THE APPROPRIATE RESPONSE FOR EACH HOUSEHOLD MEMBER.

YES	1
NO	2
REFUSED	1
DON'T KNOW	2

- PRELOAD F NAME.
- LIMIT TEXT TO 255 CHARACTERS.
- DISPLAY MATRIX PRELOADED WITH FIRST NAMES OF HH MEMBERS AND LOOP THROUGH EACH NAME LISTED ON MATRIX
 - 0 IF HH_MEM_DOB COLLECTED DURING PREVIOUS INTERVIEW AND VALID PROVIDED, CALCULATE DERIVED VARIABLE, HH_MEM_AGE, A BASED ON HH MEM DOB AND DATE OF CURRENT INTERVIEW;
 - IF HH_MEM_AGE ≥ 18 YEARS, GO TO ACTIVE_DUTY_CHANGE AND LOOP THROUGH BRANCH_SERVICE_CHANGE

 (IF ACTIVE_DUTY_CHANGE = 1, 2 OR 3), THEN RETURN TO HH MIL CHANGE ROSTER.
 - O IF HH_MEM_DOB NOT COLLECTED DURING PREVIOUS INTERVIEW OR VALID RESPONSE NOT PROVIDED, GO TO ACTIVE_DUTY_CHANGE AND LOOP THROUGH BRANCH_SERVICE_CHANGE (IF ACTIVE_DUTY_CHANGE = 1, 2 OR 3), THEN RETURN TO HH MIL CHANGE ROSTER
- WHEN NUMBER OF LOOPS = NUM HH, GO TO DE095.

DE055/(OTHER_CHANGE_ROSTER). In additional any persons living in the household that we	tion to the people discussed earlier, are there have not mentioned?
YES NOREFUSED DON'T KNOW	2 (DE095) 1 (DE095)
DE060/(NUM_CHANGE_HH). How many personal household that were not listed above?	sons are currently living in or staying in this this
 NUMBER OF PERSONS	
REFUSEDDON'T KNOW	
in this household ever served on active duty	of these persons who are now living or staying in the U.S. Armed Forces, military Reserves, or de training for the Reserves or National Guard, the Persian Gulf War.
YES NOREFUSED DON'T KNOW	2 1
CHILD_RELAT_CHANGE_OTH_1 (I CHILD_RELAT_OTH_CHANGE_2 (IF C _CHANGE, ACTIVE_DUTY_CHANGE HH_MEM_AGE_CHANGE ≥ 18 YEAR	NGE_ROSTER, CHILD_RELAT_CHANGE, F CHILD_RELAT_CHANGE_OTH = 7), CHILD_RELAT_CHANGE = 8), HH_MEM_DOB (IF MILITARY_HH_CHANGE = 1 AND EITHER S OR HH_MEM_DOB_CHANGE = -1 OR -2), CCTIVE_DUTY_CHANGE = 1, 2 OR 3) UNTIL E_HH.
	with the name of the person, or one of the early {What is the name of the next person living or
INTERVIEWER INSTRUCTIONS: • MEMBERS AND RELATIONSHIP TO CI • SPELLING.	ADD NEW HH HILD AS NEEDED. CONFIRM
FIRST NAME	

DON'T KNOW		
PROGRAMMER INSTRUCTIONS:		
• LOOP CYCLE, DISPLAY "Start with th	IF FIRS ne name of the person" IF	ŝΤ
SUBSEQUENT LOOP CYCLE, DISPL	.AY "What is the name of the next person	"
DE070/(CHILD_RELAT_CHANGE). How is {	[F_NAME} related to the child?	
MOTHER FATHER GRANDMOTHER GRANDFATHER SISTER BROTHER OTHER RELATIVE OTHER NON-RELATIVE REFUSED DON'T KNOW	2 (HH_MEM_DOB_CHANGE)3 (HH_MEM_DOB_CHANGE)4 (HH_MEM_DOB_CHANGE)5 (HH_MEM_DOB_CHANGE)6 (HH_MEM_DOB_CHANGE)78 (CHILD_RELATE_CHANGE_OTH_2)1 (HH_MEM_DOB_CHANGE)	
PROGRAMMER INSTRUCTION:DISPLAY F_NAME.		
DE075/(CHILD_RELATE_CHANGE_OTH_1)) <u>.</u>	
SPECIFY:		
REFUSEDDON'T KNOW		
 PROGRAMMER INSTRUCTIONS: LIMIT FREE TEXT TO 255 CHARACT GO TO HH_MEM_DOB_CHANGE. 	ERS.	
DE080/(CHILD_RELATE_CHANGE_OTH_2)	J.	
SPECIFY:		
REFUSEDDON'T KNOW		
PROGRAMMER INSTRUCTION:LIMIT FREE TEXT TO 255 CHARACT	ERS.	
DE032/(HH_MEM_DOB_CHANGE). What is	{F_NAME}'s date of birth?	

INITED\	/IEW/ER	INSTRUCTIONS	:
		INSTRUCTIONS	Э.

INTERVIEV	VER INSTRUCTIONS:	
CO	RENT/CAREGIVER REFUSES TO PROVIDE INFORMATION, RE-STANFIDENTIALITY PROTECTIONS	
• TW	O-DIGIT MONTH, TWO-DIGIT DAY, AND A FOUR-DIGIT YEAR.	ENTER A
	SPONSE WAS DETERMINED TO BE INVALID, ASK QUESTION AGA OBE FOR VALID RESPONSE.	IF AIN AND
МО	NTH: <u> </u> M M	
DA	γ: <u> </u>	
YEA	AR:	
	FUSED1 N'T KNOW2	
• FOI • DIS • IF N	IMER INSTRUCTIONS: RMAT HH_MEM_DOB_CHANGE AS YYYYMMDD. PLAY F_NAME. ILLITARY_HH_CHANGE = 1 AND, O VALID RESPONSE PROVIDED FOR HH_MEM_DOB_CHANGE, DERIVED VARIABLE, HH_MEM_AGE_CHANGE, BASED ON HH_MEM_DOB_CHANGE AND DATE OF CURRENT INTERVIEW ■ IF HH_MEM_AGE_CHANGE ≥ 18 YEARS, GO TO ACTIVE_DUTY_CHANGE. O IF VALID RESPONSE NOT PROVIDED FOR HH_MEM_DOB_CHANGE OF COMPLETED LOOPS < NUM_CHANGE_HH, GO TO AME_CHANGE_ROSTER. HERWISE, IF NUMBER OF COMPLETED LOOPS = NUM_CHANGE. 195.	N; I ANGE , GO
•	TIVE_DUTY_CHANGE). Has {F_NAME} ever served on active dufferces, military Reserves, or National Guard?	uty in the U.S.
• REA	NER INSTRUCTION: AD AS NECESSARY: [Active duty does not include training for the ional Guard, but <u>does</u> include activation, for example, for the Persian C	
Yes mor Yes	they are now on active duty,	

No, they were training for Reserves or National	
Guard only, or	4
No, they never served in the military?	5
REFUSED	1
DON'T KNOW	-2

PROGRAMMER INSTRUCTIONS:

- DISPLAY F NAME.
- IF ACTIVE_DUTY_CHANGE = 1, 2, OR 3, GO TO BRANCH_SERV_CHANGE.
- IF HHCOMP CHANGE = 2, -1, OR 2, AND HHCOMP CHANGE MIL = 1:
 - o IF ACTIVE DUTY CHANGE = 4, 5, -1, OR -2, AND
 - IF NUMBER OF COMPLETED LOOPS < NUM_HH, GO TO ACTIVE DUTY CHANGE.
 - IF NUMBER OF COMPLETED LOOPS = NUM HH, GO TO DE095.
- IF HHCOMP CHANGE = 1, AND HHCOMP CHANGE MIL = 1:
 - o IF ACTIVE_DUTY_CHANGE = 4, 5, -1, OR -2, AND
 - IF NUMBER OF COMPLETED LOOPS < NUM_HH, GO TO HH_CHANGE_ROSTER.
 - IF NUMBER OF COMPLETED LOOPS = NUM_HH, GO TO OTHER CHANGE ROSTER.
- OTHERWISE, IF ACTIVE_DUTY_CHANGE = 4, 5, -1, OR -2, COMPLETE LOOP:
 - o IF NUMBER OF COMPLETED LOOPS < NUM_CHANGE_HH, GO TO FNAME CHANGE ROSTER.
 - IF NUMBER OF COMPLETED LOOPS = NUM CHANGE HH, GO TO DE095.

DE090/(BRANCH_SERV_CHANGE). What {is/was} his or her branch of service?

Air Force,	1
Army,	2
Marine Corps,	
Navy, or	
Coast Guard?	
NOT IN U.S. ARMED FORCES	7
REFUSED	1
DON'T KNOW	-2

- IF ACTIVE DUTY CHANGE= 1, DISPLAY "is".
- IF ACTIVE DUTY CHANGE = 2 OR 3, DISPLAY "was".
- IF HHCOMP_CHANGE = 2, -1, OR 2, AND HHCOMP_CHANGE_MIL = 1:
 - o IF NUMBER OF COMPLETED LOOPS < **NUM_HH**, GO TO **ACTIVE DUTY CHANGE.**
 - o IF NUMBER OF COMPLETED LOOPS = NUM HH, GO TO DE095.
- IF HHCOMP CHANGE = 1, AND HHCOMP CHANGE MIL = 1:
 - o IF NUMBER OF COMPLETED LOOPS < **NUM_HH**, GO TO **HH CHANGE ROSTER**.
 - O IF NUMBER OF COMPLETED LOOPS = **NUM_HH**, GO TO **OTHER_CHANGE_ROSTER**.
- IF NUMBER OF COMPLETED LOOPS < NUM_CHANGE_HH, GO TO FNAME CHANGE ROSTER TO BEGIN NEXT LOOP.

IF NUMBER OF COMPLETED LOOPS = NUM_CHANGE_HH, GO TO DE095.

DE095. 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 $\underline{\text{family}}$ income during {CURRENT YEAR -1} for all members of the family.

DE100/(HH_MEMBERS). How many household members are supported by your total combined family income?



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

PROGRAMMER INSTRUCTIONS:

- PRELOAD CURRENT YEAR MINUS 1.
- 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**.

DE105/(NUM_CHILD). How many of those people are children? Please include anyone under 18 years or anyone 18 years and older and in high school.

L			l
ŃΠ	INA	RER	,

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

PROGRAMMER INSTRUCTIONS:

- INCLUDE HARD EDIT IF RESPONSE > HH MEMBERS.
- INCLUDE SOFT EDIT IF RESPONSE > 10.

DE0110/(INCOME). Of these income groups, which category best represents your total combined family income during the last calendar year?

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

SLEEP

(TIME_STAMP_3) PROGRAMMER INSTRUCTION:

INSERT DATE/TIME STAMP

SL001. I'm now going to ask you about {C FNAME/the child}'s sleeping habits.

SL014/(SLEEP_HRS_DAY). Approximately how many hours does {C_FNAME/the child} sleep during the day?

••	 HOL	 •
REFUSED		 -1
DON'T KNOW		 -2

SL016/(SLEEP_HRS_NIGHT). Approximately how many hours does {C_FNAME/the child} sleep at night?

<u> </u> HOURS	
REFUSED DON'T KNOW	

SL018/(SLEEP_TIME_NIGHT)/(SLEEP_TIME_NIGHT_UNIT). On a normal day, what time in the evening does {C_FNAME/the child} go to sleep?

 TIME	
AM PM	
REFUSED	

INTERVIEWER INSTRUCTIONS:

- PROMPT PARENT/CAREGIVER AS TO WHETHER TIME PROVIDED IS "AM" OR "PM".
- RECORD THE TIME AS HH:MM, BE SURE TO FILL THE SPACE WITH A ZERO WHEN NECESSARY AND THEN CHOOSE "AM" OR "PM".

SL020/(SLEEP_TIME_WAKE)/(SLEEP_TIME_WAKE_UNIT). On a normal day, what time does {C FNAME/the child} wake up in the morning?

	_ : TIME
	AM
• F	IEWER INSTRUCTIONS: PROMPT PARENT/CAREGIVER AS TO WHETHER TIME PROVIDED IS "AM" OR PM".
• F	RECORD THE TIME AS HH:MM, BE SURE TO FILL THE SPACE WITH A ZERO WHEN NECESSARY AND THEN CHOOSE "AM" OR "PM".
	SLEEP_DIFFICULT). How often is {C_FNAME/the child} difficult when {he/she} is put to ped?
	Most of the time. 1 Often 2 Sometimes 3 Rarely 4 Never 5 REFUSED -1 DON'T KNOW -2
SL024/(SLEEP_THROUGH). How often does {C_FNAME/the child} wake at night?
	Never 1 Occasionally 2 Most nights 3 Every night 4 More than once per night 5 REFUSED -1 DON'T KNOW -2
•	TV_FREQ_HRS). Over the past 30 days, on average, how many hours per day dic C_FNAME/the child} sit and watch TV and/or DVDs? Would you say
2 3 4 5 N F	Less than 1 hour, 1 2 hours. 2 3 hours, 3 4 hours or more, or. 5 None, {C_FNAME/the child} does not watch TV or DVDs. 6 REFUSED. -1 DON'T KNOW. -2

CHILD CARE ARRANGEMENTS

(TIME_STAMP_4) PROGRAMMER INSTRUCTION:

- INSERT DATE/TIME STAMP
- **CC001/(CHILDCARE_CHANGE).** Has there been a change in the childcare arrangements for {C FNAME/the child} since our last interview?

YES	1	
NO	2	(TIME_STAMP_5)
REFUSED	-1	(TIME_STAMP_5)
DON'T KNOW		

- **CC003.** I'd like to ask you about different types of child care {C_FNAME/the child} may receive from someone other than parents or guardians. This includes regularly scheduled care arrangements with relatives and non-relatives, and day care or early childhood programs, whether or not there is a charge or fee, but not occasional baby-sitting.
- **CC005/(CHILDCARE).** Does {C_FNAME/the child} currently receive any regularly scheduled care from someone other than a parent or guardian, for example from relatives, friends or other non-relatives, or a child care center or program?

YES	1	
NO	2	(TIME_STAMP_5)
REFUSED	-1	(TIME_STAMP_5)
DON'T KNOW	-2	(TIME STAMP 5)

CC008/(FAMILY_CARE). Does {C_FNAME/the child} receive any care from relatives, for example, from grandparents, brothers or sisters, or any other relatives? This includes all regularly scheduled care arrangements with relatives that happen at least weekly, but does not include occasional baby-sitting.

YES	1	
NO	2	(CC014)
REFUSED	-1	(CC014)
DON'T KNOW	-2	(CC014)

CC011/(FAMILY_CARE_HRS). Approximately how many total hours each week does {C FNAME/the child} receive care from relatives?



REFUSED	-1
DON'T KNOW	-2

- INCLUDE SOFT EDIT IF RESPONSE EXCEEDS 50 HOURS PER WEEK.
- **CC014.** Now I'd like to ask you about any regularly scheduled care {C_FNAME/the child} receives from someone not related to {him/her}, either in your home or someone else's home. This includes all regularly scheduled care arrangements with non-relatives that happen at least weekly, including home child care providers, regularly scheduled sitter

arrangements, or neighbors. This does not include day care centers, early childhood programs, or occasional babysitting.

CC017/(HOMECARE). Does {C_FNAME/the child} receive any regularly scheduled care either in your home or someone else's home from someone not related to {him/her}?

INTERVIEWER INSTRUCTION:

• IF NECESSARY READ... "This includes arrangements with non-relatives including home child care providers, regularly scheduled sitter arrangements, or neighbors. This does not include day care centers, early childhood programs, or occasional babysitting."

YES	1	
NO	2	(CC023)
REFUSED	-1	(CC023)
DON'T KNOW	-2	(CC023)

CC018/(HOMECARE_HRS). Approximately how many total hours each week does {C FNAME/the child} receive care in a home from non-relatives?

|__|_| NUMBER OF HOURS PER WEEK

REFUSED	-1
DON'T KNOW	-2

PROGRAMMER INSTRUCTION:

VEC

- INCLUDE SOFT EDIT IF RESPONSE EXCEEDS 50 HOURS PER WEEK.
- **CC023.** Now I want to ask you about child care centers {C_FNAME/the child} may attend on a regular basis. Such centers include day care centers, early learning centers, nursery schools, and preschools.
- **CC026/(DAYCARE).** Does {C_FNAME/the child} receive any care in child care centers? Such centers include day care centers, early learning centers, nursery schools, and preschools.

YES	Τ	
NO	2	(TIME_STAMP_5)
REFUSED	-1	(TIME_STAMP_5)
DON'T KNOW	-2	(TIME_STAMP_5)

CC029/(DAYCARE_HRS). Approximately how many total hours each week does {C FNAME/the child} receive care in child care centers?

	_
	NUMBER OF HOURS PER WEEK
REFUSED	1

PROGRAMMER INSTRUCTION:

• INCLUDE SOFT EDIT IF RESPONSE EXCEEDS 50 HOURS PER WEEK

HEALTH CARE

(TIME_STAMP_5) PROGRAMMER INSTRUCTION:

INSERT DATE/TIME STAMP

HL001. The next questions are about where {C_FNAME/the child} goes for health care.

HL004/(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	(C_HEALTH)
Doctor's office or Health Maintenance Organization	
(HMO)	(C_HEALTH)
Hospital emergency room 3	(C_HEALTH)
Hospital outpatient department 4	(C_HEALTH)
Some other place5	
DOESN'T GO TO ONE PLACE MOST OFTEN 6	(C_HEALTH)
DOESN'T GET WELL-CHILD CARE ANYWHERE 7	(C_HEALTH)
REFUSED1	(C_HEALTH)
DON'T KNOW2	(C HEALTH)

HL004A/(R_HCARE_OTH).

SPECIFY	
REFUSED	.1
DON'T KNOW -	

PROGRAMMER INSTRUCTION:

• LIMIT TEXT TO 255 CHARACTERS.

HL005/(C_HEALTH). Would you say {C_FNAME/the child}'s health is poor, fair, good, or excellent?

POOR	1
FAIR	
GOOD	
EXCELLENT	
REFUSED	
DON'T KNOW	

PROGRAMMER INSTRUCTIONS:

= 1, GO TO **USE_IC_LOG**.

IF RESP_REL

GO TO **HL014**.

HL008/(USE_IC_LOG). 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	(HL014)
DON'T KNOW	-2	(HL014)

HL009/(REASON_NO_IC_LOG). Is that because...

The child hasn't had a medical visit since our last	
interview, 1	(HOSPITAL)
You've misplaced the log 2	(HL010)
You've forgotten to bring it to the child's medical visits	(HL011)
The log was too much trouble to complete, or 4	(HL011)
The log was too difficult to understand? 5	(HL014)
OTHER5	
REFUSED1	(HL011)
DON'T KNOW2	(HL011)

HL009A/(REASON_NO_IC_LOG_OTH).

OTHER: SPECIFY	(HL014)
----------------	---------

PROGRAMMER INSTRUCTION:

LIMIT TEXT TO 255 CHARACTERS.

HL010. We'll get another Infant and Child Health Care Log in the mail to you today. **(HL014)**

HL011. 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. **(HL014)**

HL012/(NUM_PROV_IC_LOG). How many health care providers has the child seen since using this Infant and Child Health Care Log?

NUMBER	OF	PRO	DVIDE	RS

REFUSED	-1
DON'T KNOW	-2

HL013/(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?



REFUSED	-1
DON'T KNOW	-2

HL014. 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} any other personal record or 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.

HL015/(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:

HAS NOT HAD A VISIT7	(HOSPTIAL)
REFUSED1	(HOSPITAL)
DON'T KNOW2	

DAY:

REFUSED......-1 (HOSPITAL)
DON'T KNOW....--2

REFUSED.....-1 (HOSPITAL) DON'T KNOW....--2 (HOSPITAL)

INTERVIEWER INSTRUCTIONS:

• SHOW

CALENDAR TO ASSIST IN DATE RECALL.

ENTER A

TWO DIGIT MONTH, TWO DIGIT DAY, AND A FOUR DIGIT YEAR

HL016/(VISIT_WT). What was {C_FNAME/the child}'s weight at that visit?

PC	JUNE	วร

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

PROGRAMMER INSTRUCTIONS:

- INCLUDE A SOFT EDIT IF WEIGHT < 18 OR > 33 POUNDS.
- IF **USE_IC_LOG**=1, GO TO **HL017**.
- OTHERWISE, GO TO **HOSPITAL**.

HL017. 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.

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_6)
REFUSED	-1	(TIME_STAMP_6)
DON'T KNOW	-2	(TIME STAMP 6)

PROGRAMMER INSTRUCTIONS:

- IF 12-MONTH INTERVIEW SET TO COMPLETE, PRELOAD 12-MONTH INTERVIEW DATE FOR DATE OF LAST INTERVIEW.
- IF 12-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?



- IF 12-MONTH INTERVIEW SET TO COMPLETE, PRELOAD 12-MONTH INTERVIEW DATE FOR DATE OF LAST INTERVIEW.
- IF 12-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_6.

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	
REFUSEDDON'T KNOW	-1 -2
DAY: D D	
REFUSEDDON'T KNOW	-1 -2
YEAR: Y Y Y Y	
REFUSEDDON'T KNOW	

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?

NUM	IBFF	OF	NIC	HTS

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 **HL024**.
- OTHERWISE, GO TO TIME STAMP 6.

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	V2

PROGRAMMER INSTRUCTIONS:

- LIMIT TEXT TO 255 CHARACTERS.
- IF USE_IC_LOG = 1, GO TO HL024.
- OTHERWISE, GO TO TIME_STAMP_6.

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.

MEDICAL CONDITIONS

(TIME_STAMP_6) PROGRAMMER INSTRUCTION:

- INSERT DATE/TIME STAMP
- **MC001.** Now I'd like to ask about {C_FNAME/the child}'s health and about some illnesses {he/she} may have had in the last 3 months.
- MC004. During the past 3 months, has {C_FNAME/the child} had any of the following conditions?

MC004A/(COND_EAR). Three or more ear infections?

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

MC004B/(COND_WHEEZE). Wheezing or whistling in the chest?

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

MC004C/(COND_DIARRHEA). Frequent or repeated diarrhea?

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

MC013/(FEVER). In the past 3 months, on how many days has {C_FNAME/the child} had a fever over 101 degrees, not related to receiving immunizations?

INTERVIEWER INSTRUCTION:

• IF NECESSARY READ... "or 38.3 degrees Celsius?"



INTERVIEWER INSTRUCTION:

• ENTER "0" IF NONE

REFUSED	-1
DON'T KNOW	-2

MC015. Now I have some questions about specific conditions or health problems $\{C_FNAME/the\ child\}$ may have.

MC016/(ASTH	HMA). Has a doctor ever told you that {C	C_FNAME/the child} has asthma?
	YES	
	NO	
	REFUSED	1
	DON'T KNOW	2
	PB). Does {C_FNAME/the child} have a r} ability to crawl, walk, run, or play?	n impairment or health problem that limits
	YES	1
	NO	
	REFUSED	1
	DON'T KNOW	

MEDICATIONS

(TIME_STAMP_7) PROGRAMMER INSTRUCTION:

INSERT DATE/TIME STAMP

MED001. Now, I'd like to ask about medications that may have been prescribed by a doctor or other healthcare provider for {C_FNAME/the child}.

MED003/(PRESCR_TAKE). In the past 30 days, has {C_FNAME/the child} used or taken any medication for which a prescription is needed? Include only those products prescribed by a health professional such as a doctor or dentist. [Do not include prescription vitamins or minerals.]

YES	1	
NO	2	(MED008)
REFUSED	-1	(MED008)
DON'T KNOW	-2	(MED008)

MED004/(PRESCRMED). Please list the name of all prescription medications taken in the past 30 days:

INTERVIEWER INSTRUCTIONS:

- ENTER UP TO 10 MEDICATIONS.
- IF MORE THAN 10 MEDICATIONS PROVIDED, ENTER FIRST 10 PROVIDED BY PARENT/CAREGIVER.

REFUSED......-1 (MED008) DON'T KNOW....-2 (MED008)

PROGRAMMER INSTRUCTIONS:

- LIMIT TEXT TO 100 CHARACTERS PER MEDICATION.
- LOOP THROUGH PRESCR_ADMIN THROUGH PRESCRIP_FREQ/PRESCRIP_FREQ_UNIT FOR EACH PRESCRIPTION.
- IF FIRST LOOP, GO TO INTRO_PRESCRMED_1.OTHERWISE, GO TO INTRO PRESCRMED 2 10.
- FOR INTRO_PRESCRMED_1, INTRO_PRESCRMED_2_10, PRESCR_ADMIN, PRESCR_TAKESTILL AND PRESCRIP_FREQ, INSERT CORRECT MEDICATION PRESCRMED FOR APPROPRIATE CYCLE.

INTERVIEWER INSTRUCTION:

• **PROBE:** Anything else?

MED004A/(INTRO_PRESCRMED_1). Let's first talk about the {**PRESCRMED**}.

MED004B/(INTRO_PRESCRMED_2_10). Now let's talk about the {PRESCRMED}.

MED005/(PRESCR_ADMIN). How is the {PRESCRMED} taken?
By mouth, 1
MED005A/(PRESCR_ADMIN_OTH).
SPECIFY
REFUSED
PROGRAMMER INSTRUCTION:
LIMIT TEXT TO 255 CHARACTERS.
MED006/(PRESCR_TAKESTILL). Is {C_FNAME/the child} still taking the {PRESCRMED}?
YES
MED007/(PRESCRIP_FREQ)/PRESCRIP_FREQ_UNIT). How often {does/did} {C_FNAME/the child} use or take the { PRESCRMED }?
<pre>PROGRAMMER INSTRUCTION: • If PRESCR_TAKESTILL = 1, DISPLAY "does"; OTHERWISE, DISPLAY "did"</pre>
_ ENTER NUMBER REFUSED1 DON'T KNOW
ENTER UNIT: PER DAY

AS NEEDED..... 5

MED008.	. Now I'd like nd dietary su	e to ask abo	ut non-pres	scription m	edications	, over the o	counter me	dications,
a.	ia diotaly se	ррюшене (ac (<u>0_</u> 1 14	,	illaj illaj i	iavo takon	in the last (oo dayo.

MED009/(OTC_TAKE). Has {C_FNAME/the child} used or taken any non-prescription medications in the past 30 days? Include only those products purchased over the counter that do not require a prescription. [Do not include over-the counter vitamins or minerals.]

YES	1	
NO	2	(MED014)
REFUSED	-1	(MED014)
DON'T KNOW	-2	(MED014)

MED010/(OTCMED). Please list the names of all non-prescription medications taken in the past 30 days:

INTERVIEWER INSTRUCTION:

 ENTER UP TO 10 MEDICATIONS; IF MORE THAN 10 MEDICATIONS PROVIDED, ENTER FIRST 10 PROVIDED BY PARENT/CAREGIVER.

REFUSED1	(MED014)
DON'T KNOW2	(MED014)

PROGRAMMER INSTRUCTIONS:

- LIMIT TEXT TO 100 CHARACTERS PER MEDICATION.
- LOOP THROUGH **OTC_ADMIN** THROUGH **OTC_FREQ/OTC_FREQ_UNIT** FOR EACH PRESCRIPTION.
- IF FIRST LOOP, GO TO INTRO_OTCMED_1.OTHERWISE, GO TO INTRO OTCMED 2 10.
- FOR INTRO_OTCMED_1, INTRO_OTCMED_2_10, OTC_ADMIN, OTC_TAKESTILL AND OTC_FREQ, INSERT CORRECT MEDICATION OTCMED FOR APPROPRIATE CYCLE.

INTERVIEWER INSTRUCTION:

PROBE: Anything else?

MED010A/(INTRO OTCMED 1) Let's first talk about the **(OTCMED)**.

MED010B/(INTRO_OTCMED_2_10). Now let's talk about the {OTCMED}.

MED011/(OTC ADMIN). How is the **{OTCMED}** taken?

By mouth,	C_TAKESTILL)
Inhaled either by mouth or nose,	C_TAKESTILL)
Injected, 3 (OT	C_TAKESTILL)
Applied to the skin, such as a patch or creams, or	
Some other way?5	•
REFUSED1 (OT	C_TAKESTILL)
DON'T KNOW2 (OT	C_TAKESTILL)

MED011A/(OTC_ADMIN_OTH).

	SPECIFY
	REFUSED1 DON'T KNOW2
PROGRAMM	ER INSTRUCTION:
• LIMIT	TEXT TO 255 CHARACTERS.
MED012/(OT	C_TAKESTILL). Is {C_FNAME/the child} still taking the {OTCMED}?
	YES
	C_FREQ)/OTC_FREQ_UNIT). How often {does/did} {C_FNAME/the child} use or ne {OTCMED}?
	ER INSTRUCTION: C_TAKESTILL = 1, DISPLAY "does"; OTHERWISE, DISPLAY "did"
	_ ENTER NUMBER REFUSED1 DON'T KNOW2
	ENTER UNIT PER DAY
MED014. Nov	v I would like to ask about dietary supplements.
herbal	PPL_TAKE). Has {C_FNAME/the child} used or taken any vitamins, minerals, s, or other dietary supplements in the past 30 days? Include only those ments purchased over the counter that do not require a prescription.

YES	1	
NO	2	(TIME_STAMP_8)
REFUSED		•
DON'T KNOW	-2	(TIME_STAMP_8)

MED016/(SUPPLMED). Please list the names of all vitamins, minerals, herbals, and other dietary supplements taken in the past 30 days:

INTERVIEWER INSTRUCTION:

 ENTER UP TO 10 SUPPLEMENTS: IF MORE THAN 10 SUPPLEMENTS PROVIDED, ENTER FIRST 10 PROVIDED BY PARENT/CAREGIVER.
REFUSED1 (TIME_STAMP_8) DON'T KNOW2 (TIME_STAMP_8)
 PROGRAMMER INSTRUCTIONS: LIMIT TEXT TO 100 CHARACTERS PER MEDICATION. LOOP THROUGH SUPPL_ADMIN THROUGH SUPPL_FREQ_UNIT FOR EACH PRESCRIPTION. IF FIRST LOOP, GO TO INTRO_SUPPLMED_1.OTHERWISE, GO TO INTRO_SUPPLMED_2_10. FOR INTRO_SUPPLMED_1, INTRO_SUPPLMED_2_10, SUPPL_ADMIN, SUPPL_TAKESTILL AND SUPPL_FREQ, INSERT CORRECT MEDICATION OTCMED FOR APPROPRIATE CYCLE.
INTERVIEWER INSTRUCTION:PROBE: Anything else?
MED016A/(INTRO_SUPPLMED_1). Let's first talk about the {SUPPLMED}.
MED016B/(INTRO_SUPPLMED_2_10). Now let's talk about the {SUPPLMED}.
MED017/(SUPPL_ADMIN). How is the {SUPPLMED} taken?
By mouth,
MED017A/(SUPPL_ADMIN_OTH).
SPECIFY
REFUSED1 DON'T KNOW
PROGRAMMER INSTRUCTION:

MED018/(SUPPL_TAKESTILL). Is {C_FNAME/the child} still taking the {SUPPLMED}?
YES
MED019/(SUPPL_FREQ)/SUPPL_FREQ_UNIT). How often {does/did} {C_FNAME/the child} use or take the { SUPPLMED }?
PROGRAMMER INSTRUCTION:If SUPPL_TAKESTILL = 1, DISPLAY "does"; OTHERWISE, DISPLAY "did".
_ ENTER NUMBER REFUSED
ENTER UNIT PER DAY
PROGRAMMER INSTRUCTIONS:
• IF RESP_REL = 1 OR 2, GO TO TIME_STAMP_8.
• IF RESP_REL = 3 AND MULT_CHILD = 1 AND CHILD_NUM ≠ CHILD_QNUM , GO TO CHILD_QNUM .
• IF RESP_REL = 3 AND MULT_CHILD = 1 AND CHILD_NUM = CHILD_QNUM, GO TO TIME_STAMP_13.

PRODUCT USE

(TIME_STAMP_8) PROGRAMMER INSTRUCTION:

INSERT DATE/TIME STAMP

PU001. The next questions ask about lice exposure and treatment.

PU008/(LICE_1). In the past 6 months, have you treated {C_FNAME/the child} or other people in your home for lice or scabies?

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

PROGRAMMER INSTRUCTIONS:

- IF LICE 1 = 1, GO TO LICE 2.
- OTHERWISE, GO TO PROGRAMMER INSTRUCTIONS AT START OF "MATERNAL BEHAVIORS" SECTION.

PU010/(LICE_2). Who did you treat, was it {C_FNAME/the child}, someone else, or both?

{C FNAME/the child}	1
SOMEONE ELSE	
BOTH {C FNAME/the child} AND SOMEONE ELSE	
REFUSED	
DON'T KNOW	-2

PROGRAMMER INSTRUCTIONS:

- IF LICE_2 = 2 OR 3, GO TO LICE_2_OTH.
- OTHERWISE, GO TO PROGRAMMER INSTRUCTIONS AT START OF "MATERNAL BEHAVIORS" SECTION.

PU013/(LICE_2_OTH).

OTHER: SPECIFY _		
REFUSED	1	
DON'T KNOW	-2	

PROGRAMMER INSTRUCTION:

MATERNAL BEHAVIORS

PROGRAMMER INSTRUCTIONS:

- IF CHILD_QNUM =1, GO TO TIME_STAMP_9.
- IFCHILD_QNUM > 1, GO TO SMOKE_HOURS.
- IF RESP_REL = 2 AND MULT_CHILD = 1 AND CHILD_NUM ≠ CHILD_QNUM, GO TO CHILD ONUM.
- IF RESP_REL = 2 AND MULT_CHILD = 1 AND CHILD_NUM = CHILD_QNUM, GO TO TIME_STAMP_13.

(TIME_STAMP_9) PROGRAMMER INSTRUCTION:

INSERT DATE/TIME STAMP

1 1 1

MB001. The next questions are about your experiences, since our last interview. First, I'd like to ask some questions about work. People's work situations sometimes change after having a baby.

MB003/(WORK_LAST_CONTACT). Since our last interview, have you been employed at a job or business?

	YES NO REFUSED DON'T KNOW	2 -1	(R_SMOKE)
MB004/(WOR	K_CURRENTLY). Are you currently e	mpl	oyed?
	YES		(R SMOKE)

MB008/(WORK_HRS). How many hours per week do you work?

HOURS
REFUSED
DON'T KNOW

MB009/(R_SMOKE). Do you currently smoke cigarettes or use any other tobacco product?

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

MB010/(NUM SMOKER). How many smokers live in your home now, {including yourself}?

PROGRAMMER INSTRUCTION:

• DISPLAY BRACKETED TEXT IF **R SMOKE** = 1.



INTERVIEWER INSTRUCTION:

ENTER "0" IF NONE.

MB011/(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

MB012/(SMOKE_HOURS). On average, about how many hours per day do people smoke in the same room as {C_FNAME/the child}, or near enough that {he/she} can see or smell the smoke? Please consider all the places {C_FNAME/the child} is during the day, including at home, at daycare, or some other place.

INTERVIEWER INSTRUCTION:

IF {HE/SHE} IS NOT EXPOSED TO SMOKE, ENTER "0."



PROGRAMMER_INSTRUCTIONS:

- IF CHILD_NUM =1, GO TO TIME_STAMP_10.
- IF CHILD_NUM >1, GO TO CHILD_QNUM AND LOOP THROUGH QUESTIONNAIRE FROM IN011 THROUGH SMOKE_HOURS FOR EACH CHILD UNTIL CHILD NUM=CHILD QNUM.
- THEN GO TO TIME STAMP 10.

PETS

(TIME_STAMP_10) PROGRAMMER INSTRUCTION:

• INSERT DATE/TIME STAMP

PT001. Now I'd like to ask about any pets you may have in your home.

PT003/(PETS). Are there any pets that spend any time inside your home?

YES	1	
NO	2	(TIME_STAMP_11)
REFUSED	-1	(TIME_STAMP_11)
DON'T KNOW	-2	(TIME STAMP 11)

PT005/(PET_TYPE). What kind of pets are these?

INTERVIEWER INSTRUCTIONS:

- PROBE FOR MULTIPLE RESPONSES: "Any others?"
- SELECT ALL THAT APPLY.

DOG	1
CAT	2
SMALL MAMMAL (RABBIT, GERBIL, HAMSTER,	
SMALL MAMMAL (RABBIT, GERBIL, HAMSTER, GUINEA PIG, FERRET, MOUSE)	3
BIRD	4
FISH OR REPTILE (TURTLE, SNAKE, LIZARD)	5
OTHER	5
REFUSED	1
DON'T KNOW	2

PROGRAMMER INSTRUCTIONS:

- IF **PET_TYPE** CODED WITH ANY COMBINATION OF VALUES 1 5, THEN GO TO **PET_MEDS**.
- IF **PET_TYPE** CODED -5, OR ANY COMBINATION OF VALUES 1 5 **AND** -5, GO TO **PET_TYPE_OTH**.
- IF PET_TYPE CODED -1 OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES AND GO TO PED MEDS.

PT007/(PET TYPE OTH).

OTHER: SPECIFY _		
REFUSED	1	
DON'T KNOW	-2	

PROGRAMMER INSTRUCTION:

PT009/(PET_MEDS). Are any products ever used on your pets to control fleas, ticks, or mites? This includes flea collars, flea and tick powders, shampoos, or other flea, tick and mite control products. (This does not include pills given to your pet to control for fleas or other insects.)

YES 1	
NO 2	(TIME_STAMP_11)
REFUSED1	(TIME_STAMP_11)
DON'T KNOW2	(TIME_STAMP_11)

PT011/(PET_MED_TIME). When were any of these last used on any of your pets?

WITHIN THE LAST MONTH	1
1-3 MONTHS AGO	2
4-6 MONTHS AGO	3
MORE THAN 6 MONTHS AGO	4
REFUSED	1
DON'T KNOW	2

IN-HOME EXPOSURES

(TIME_STAMP_11) PROGRAMMER INSTRUCTION: • INSERT DATE/TIME STAMP

IHE001. Do you use any methods to	"allergy-proof"	your home?	Please a	answer "y	/es" (or "I	no" 1	tc
each method Ldescribe								

IHE001. Do you use any methods to "allergy-proof" your home? Please answer "yes" or "no" to each method I describe.
IHE010/(REMOVAL). Intentionally remove rugs or upholstered furniture?
YES
IHE012/(METHOD). Any other methods?
YES
IHE013/(METHOD_OTH). SPECIFY:
REFUSED
PROGRAMMER INSTRUCTION:
LIMIT TEXT TO 255 CHARACTERS.
IHE018/(OPEN_WINDOW). Thinking about the past 7 days, approximately how many hours day did you keep the windows or doors open in your home (for ventilation or to let a in)? Was it
Less than 1 hour per day, 1 1-3 hours per day, 2 4-12 hours per day, 3 More than 12 hours per day, or 4 Not at all? 5 REFUSED -1 DON'T KNOW -2
IHE020. I would now like to ask about cockroaches.
IHE047/(ROACH). In the last 6 months, have you seen cockroaches in your home?
YES 1

NO	2
REFUSED	-1
DON'T KNOW	-2

IHE050. Water damage is a common problem that occurs inside of many homes. Water damage includes water stains on the ceiling or walls, rotting wood, and flaking sheetrock or plaster. This damage may be from broken pipes, a leaky roof, or floods.

IHE052/(WATER). In the last 6 months, have you seen any water damage inside your home?

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

IHE053/(MOLD). In the last 6 months, have you seen any mold or mildew on walls or other surfaces, other than the shower or bathtub, inside your home?

YES	1	
NO	2	(IHE055B)
REFUSED	-1	(IHE055B)
DON'T KNOW	-2	(IHE055B)

IHE054/(ROOM_MOLD). In which rooms have you seen the mold or mildew?

INTERVIEWER INSTRUCTIONS:

- **PROBE**: Any other rooms?
- SELECT ALL THAT APPLY.

KITCHEN	1
LIVING ROOM	2
HALL/LANDING	3
THE CHILD'S BEDROOM	4
OTHER BEDROOM	5
BATHROOM/TOILET	6
BASEMENT	7
OTHER	5
REFUSED	1
DON'T KNOW	2

PROGRAMMER INSTRUCTIONS:

- IF **ROOM_MOLD** CODED WITH ANY COMBINATION OF VALUES 1 7, INCLUDING VALUE OF 4, THEN GO TO **ROOM_MOLD_CHILD**.
- IF **ROOM_MOLD** CODED WITH ANY COMBINATION OF VALUES 1 7, **NOT** INCLUDING VALUE OF 4, THEN GO TO **IHE055B**.

- IF **ROOM_MOLD CODED** -5, OR ANY COMBINATION OF VALUES 1 7 **AND** -5, BUT NOT INCLUDING 4, GO TO **ROOM_MOLD_OTH**.
- IF **ROOM_MOLD CODED** -5, OR ANY COMBINATION OF VALUES 1 7 AND -5, INCLUDING 4, GO TO **ROOM_MOLD_OTH,** THEN **ROOM_MOLD_CHILD**.
- IF ROOM_MOLD CODED -1 OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES AND GO TO IHE055B.

IHE055/(ROOM_MOLD_OTH). SPECIFY	
REFUSED1 DON'T KNOW2	

PROGRAMMER INSTRUCTIONS:

- LIMIT TEXT TO 255 CHARACTERS.
- LOOP THROUGH **ROOM_MOLD_CHILD** UNTIL **CHILD_NUM** = **CHILD_QNUM**.
- ONLY ASK ROOM_MOLD_CHILD IF ROOM_MOLD INCLUDES "4."
- OTHERWISE, GO TO IHE055B.

IHE055A/(ROOM_MOLD_CHILD). Was the mold in {C FNAME/the child}'s bedroom?

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

IHE055B. The next few questions ask about any recent additions or renovations to your home.

IHE056/(RENOVATE). In the last 6 months, have any additions been built onto your home to make it bigger or renovations or other construction been done in your home? Include only major projects. Do not count smaller projects, such as painting, wallpapering, carpeting or re-finishing floors.

YES	1	
NO 2	2	(TIME_STAMP_12)
REFUSED	1	(TIME_STAMP_12)
DON'T KNOW2	2	(TIME STAMP 12)

IHE057/(RENOVATE ROOM). Which rooms were renovated?

- INTERVIEWER INSTRUCTIONS: PROBE: Any others?
- SELECT ALL THAT APPLY

KITCHEN	1
LIVING ROOM	2
HALL/LANDING	3
THE CHILD'S BEDROOM	4
OTHER BEDROOM	5
BATHROOM/TOILET	6

BASEMENT	7
OTHER	5
REFUSED	1
DON'T KNOW	2

PROGRAMMER INSTRUCTIONS:

- IF **RENOVATE_ROOM** CODED WITH ANY COMBINATION OF VALUES 1 7, GO TOTIME_STAMP_12.
- IF **RENOVATE_ROOM** CODED -5, OR ANY COMBINATION OF VALUES 1 7 **AND** -5, GO TO **RENOVATE_ROOM_OTH**.
- IF **RENOVATE_ROOM** CODED -1 OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES AND GO TO **TIME_STAMP_12**.

IHE058/(RENOVATE_ROOM_OTH). SPECIFY	′
REFUSED	1
DON'T KNOW	-2

PROGRAMMER INSTRUCTION:

HOUSING CHARACTERISTICS

(TIME_STAMP_12) PROGRAMMER INSTRUCTION:

• INSERT DATE/TIME STAMP

HC001. Now I'd like to find out more about your living situation.

HC003/(RECENT_MOVE). Have you moved or changed your housing situation since we contacted you last?

YES	1	
NO	2	(TIME_STAMP_13)
REFUSED	1	(TIME_STAMP_13)
DON'T KNOW	2	(TIME_STAMP_13)

INTERVIEWER INSTRUCTION:

- IF USING SHOWCARDS, REFER MOTHER TO APPROPRIATE SHOWCARD.
- OTHERWISE, READ RESPONSE CATEGORIES TO MOTHER .

PROGRAMMER INSTRUCTION:

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

HC004/(AGE_HOME). Can you tell us, which of these categories do you think best describes when your home or building was built?

2001TO PRESENT	1
1981 TO2000	2
1961 TO1980	3
1941 TO1960	4
1940 OR BEFORE	5
REFUSED	-1
DON'T KNOW	-2

HC005./(LENGTH_RESIDE)/(LENGTH_RESIDE_UNIT). How long have you lived in this home?

	<u> </u> _ NUMBER
REFUSEDDON'T KNOW	
WEEKS	1

	MONTHS 2 'EARS 3	
HC006/(WATER drinking?		home do you use most of the time for
F B S R	Tap water,1Filtered tap water,2Bottled water, or3Some other source?-5REFUSED-1DON'T KNOW-2	(WATER_COOK) (WATER_COOK)
HC007/(WATER	R_DRINK_OTH).	
S	SPECIFY	
	REFUSED1 DON'T KNOW2	
	R INSTRUCTION: EXT TO 255 CHARACTERS.	
HC008/(WATER cooking?		r home is used most of the time for
F B S R	Tap water,	(NC001) (NC001)
HC009/(WATER	R_COOK_OTH).	
S	SPECIFY	
	REFUSED1 DON'T KNOW2	

PROGRAMMER INSTRUCTION:

NEIGHBORHOOD CHARACTERISTICS

NC001. Now I'd like to ask a few questions about your neighborhood.

NC004/(NEIGH_DEFN). When you are talking to someone about your neighborhood, what do you mean? Is it...

The block or street you live on,	1
Several blocks or streets in each direction,	
The area within a 15 minute walk from your house,	3
An area larger than a 15 minute walk from your house?	4
REFUSED	1
DON'T KNOW	2

NC006/(NEIGH_FAM). How many of your relatives or in-laws live in your neighborhood? Would you say...

None	1
A few	2
Many	3
Most	4
REFUSED	-1
DON'T KNOW	-2

NC008/(NEIGH_FRIEND). How many of your friends live in your neighborhood? Would you say...

None	1
A few	
Many	3
Most	4
REFUSED	-1
DON'T KNOW	-2

NC010/(NEIGHBORS). About how many adults do you recognize or know by sight in this neighborhood? Would you say you recognize ...

None	1
A few	2
Many	3
Most	
REFUSED	-1
DON'T KNOW	-2

NC012 (NEIGH_NUM_TALK) In the past 30 days, that is since {DATE 30 DAYS PRIOR TO INTERVIEW DATE}, how many of your neighbors have you talked with for 10 minutes or more? Would you say...

None
3 to 5 3 6 or more 4
REFUSED1
DON'T KNOW2
NC014/(NEIGH_HELP). About how often do you and people in your neighborhood do favors for each other? By favors, we mean such things as watching each other's children, helping with shopping, lending garden or house tools.
Often 1
Sometimes 2
Rarely 3
Never 4
REFUSED1
DON'T KNOW2
NC016/(NEIGH_TALK). How often do you and other people in your neighborhood visit in each other's homes or speak with each other on the street?
Often 1
Sometimes 2
Rarely 3
Never 4
REFUSED1
DON'T KNOW2
NC018/(NEIGH_WATCH_1). If children were skipping school and hanging out, how likely is it that your neighbors would do something about it? Would you say it is
Very Likely, 1
Likely, 2
Unlikely, 3
Very Unlikely 4
REFUSED1
DON'T KNOW2
NC020/(NEIGH_WATCH_2). If children were showing disrespect to an adult, how likely is it that your neighbors would do something about it? Would you say it is
Very Likely, 1
Likely, 2

NC022. Please tell me if you agree or disagree with the following statements.

 Unlikely,
 3

 Very Unlikely.
 4

 REFUSED.
 -1

 DON'T KNOW.
 -2

NC024/(NEIGH_CLOSE). This is a close-knit neighborhood. Would you say you
Strongly agree, 1 Agree, 2 Disagree, 3 Strongly disagree 4 REFUSED -1 DON'T KNOW -2
NC026/(NEIGH_TRUST). People in this neighborhood can be trusted. Would you say you
Strongly agree,
NC028/(NEIGH_SAFE_1). I feel safe walking in my neighborhood, day or night.
Strongly agree,
NC030/(NEIGH_SAFE_2). Violence is not a problem in my neighborhood.
Strongly agree, 1 Agree, 2 Disagree, 3 Strongly disagree 4 REFUSED -1 DON'T KNOW -2
NC032/(NEIGH_SAFE_3). My neighborhood is safe from crime.
Strongly agree, 1 Agree, 2 Disagree, 3 Strongly disagree 4 REFUSED -1 DON'T KNOW -2
(TIME_STAMP_13) PROGRAMMER INSTRUCTION: INSERT DATE/TIME STAMP

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

INTERVIEWER INSTRUCTION:

• EXPLAIN SAQS AND RETURN PROCESS

(TIME_STAMP_14) PROGRAMMER INSTRUCTION:

INSERT DATE/TIME STAMP