OMB #: 0925-0593 OMB Expiration Date: 08/31/2014 Pregnancy Visit 2 Interview, Phase 2f

ASSUME PREGNANCY VISIT 1 WAS ADMINISTERED UNLESS NOTED



Pregnancy Visit 2 Interview

Event:	Pregnancy Visit 2
Participant:	Pregnant Woman
Respondent:	Pregnant Woman
Domain:	Questionnaire
Type of Document:	Interview
Allowable Mode:	In-person (CAPI), Telephone (CATI)*
Allowable Method:	Interviewer-Administered
Recruitment Groups:	EH, PB, HI, PBS

X.X

MDES 3.3

Version:

Release:

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0593*). Do not return the completed form to this address.

^{*}This instrument is OMB-approved for In-person CAPI and Telephone CATI at this time.

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Pregnancy Visit 2 Interview

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Pregnancy Visit 2 Interview

GENERAL PROGRAMMER INSTRUCTIONS:

WHEN PROGRAMMING INSTRUMENTS, VALIDATE FIELD LENGTHS AND TYPES AGAINST THE MDES TO ENSURE DATA COLLECTION RESPONSES DO NOT EXCEED THOSE OF THE MDES. SOME GENERAL ITEM LIMITS USED ARE AS FOLLOWS:

DATA ELEMENT FIELDS	MAXIMUM CHARACTERS PERMITTED	PROGRAMMER INSTRUCTIONS
ADDRESS AND EMAIL FIELDS	100	
UNIT AND PHONE FIELDS	10	
_OTH AND COMMENT FIELDS	255	
FIRST NAME AND LAST NAME	30	
ALL ID FIELDS	36	
ZIP CODE	5	
ZIP CODE LAST FOUR	4	
CITY	50	
DOB AND ALL OTHER DATE FIELDS (E.G., DT, DATE, ETC.)	10	DISPLAY AS MM/DD/YYYY STORE AS YYYY-MM-DD HARD EDITS: MM MUST EQUAL 00 TO 12 DD MUST EQUAL 01 TO 31 YYYY MUST BE BETWEEN 1900 AND CURRENT YEAR.
TIME VARIABLES	TWO-DIGIT HOUR AND TWO-DIGIT MINUTE, AM/PM DESIGNATION	HARD EDITS: HOURS MUST BE BETWEEN 00 AND 12; MINUTES MUST BE BETWEEN 00 AND 59

Instrument Guidelines for Participant and Respondent IDs:

PRENATALLY, THE P_ID IN THE MDES HEADER IS THAT OF THE PARTICIPANT (E.G. THE NON-PREGNANT WOMAN, PREGNANT WOMAN, OR THE FATHER).

POSTNATALLY, A RESPONDENT ID WILL BE USED IN ADDITION TO THE PARTICIPANT ID BECAUSE SOMEBODY OTHER THAN THE PARTICIPANT MAY BE COMPLETING THE INTERVIEW. FOR EXAMPLE, THE PARTICIPANT MAY BE THE CHILD AND THE RESPONDENT MAY BE THE MOTHER, FATHER, OR ANOTHER CAREGIVER. THEREFORE, MDES VERSION 2.2 AND ALL FUTURE VERSIONS CONTAIN A R_P_ID (RESPONDENT PARTICIPANT ID) HEADER FIELD FOR EACH POST-BIRTH INSTRUMENT. THIS WILL ALLOW STUDY CENTERS TO INDICATE WHETHER THE RESPONDENT IS SOMEBODY OTHER THAN THE PARTICIPANT ABOUT WHOM THE QUESTIONS ARE BEING ASKED.

A REMINDER:

ALL RESPONDENTS MUST BE CONSENTED AND HAVE RECORDS IN THE PERSON, PARTICIPANT, PARTICIPANT_CONSENT AND LINK_PERSON_PARTICIPANT TABLES, WHICH CAN BE PRELOADED INTO EACH INSTRUMENT. ADDITIONALLY, IN POST-BIRTH QUESTIONNAIRES WHERE THERE IS THE ABILITY TO LOOP THROUGH A SET OF QUESTIONS FOR MULTIPLE CHILDREN, IT IS IMPORTANT TO CAPTURE AND STORE THE CORRECT CHILD **P_ID** ALONG WITH THE LOOP INFORMATION. IN THE MDES VARIABLE LABEL/DEFINITION COLUMN, THIS IS INDICATED AS FOLLOWS: **EXTERNAL IDENTIFIER: PARTICIPANT ID FOR CHILD DETAIL.**

CURRENT PREGNANCY INFORMATION

(TIME_STAMP_CPI_ST) PROGRAMMER INSTRUCTION:

INSERT DATE/TIME STAMP

INTERVIEWER INSTRUCTION:

 MODIFY TRANSITIONAL STATEMENTS AS NEEDED TO MAKE APPROPRIATE FOR CURRENT INTERVIEW.

PROGRAMMER INSTRUCTIONS:

- PRELOAD MULTIPLE_GESTATION FROM PV1.
- IF **MULTIPLE_GESTATION** = 2 OR 3 IN PREGNANCY VISIT 1 INTERVIEW, DISPLAY "babies" AS APPROPRIATE THROUGHOUT INSTRUMENT
- IF **MULTIPLE_GESTATION** = 1, -1, OR -2 IN PREGNANCY VISIT 1 INTERVIEW, USE "baby".
- PRELOAD CONTACT_F_LATER AND FATHER_KNOW_PREG FROM PV1 SAQ.

CPI001. In the next set of questions, I'll ask about you, your health, and your health history

CPI001A/(PREGNANT). The first questions ask about how your pregnancy is progressing. First, are you still pregnant?

YES		1
NO		2
REFU:	SED	1
DON'T	Г KNOW	2

PROGRAMMER INSTRUCTIONS:

- IF **PREGNANT** = 1, GO TO **DUE DATE**.
- IF PREGNANT = 2. GO TO CPI001B.
- OTHERWISE, GO TO END.

CPI001B. I'm so sorry for your loss. I know this can be a difficult time.

INTERVIEWER INSTRUCTIONS:

USE SOCIAL CUES AND PROFESSIONAL JUDGMENT IN RESPONSE.

PROGRAMMER/INTERVIEWER INSTRUCTION:

- IF STUDY CENTER HAS PREGNANCY LOSS INFORMATION TO DISSEMINATE, OFFER TO PARTICIPANT AND GO TO **LOSS_INFO**.
- OTHERWISE GO TO **END LOSS**.

CPI001C/(LOSS_INFO). INTERVIEWER ANSWERED QUESTION: DID PARTICIPANT REQUEST ADDITIONAL INFORMATION ON COPING WITH PREGNANCY LOSS?

YES	1 (END_LOSS)
NO	2 (END_LOSS)

CPI002/(DUE_DATE). What is your current due date?

INTERVIEWER INSTRUCTIONS:

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

	MONTH: M M
	REFUSED
	DATE: D D
	REFUSED1 (BPLAN_CHANGE) DON'T KNOW2
	YEAR: Y
	PREFUSED1 (BPLAN_CHANGE) DON'T KNOW2 (BPLAN_CHANGE)
PROG	RAMMER INSTRUCTIONS:
	CHECK REPORTED DUE DATE AGAINST CURRENT DATE; DISPLAY
	APPROPRIATE MESSAGE: 0 IF DATE IS MORE THAN 9 MONTHS AFTER CURRENT DATE, DISPLAY INTERVIEWER INSTRUCTION: "YOU HAVE ENTERED A DATE THAT IS MORE
	THAN 9 MONTHS FROM TODAY. RE-ENTER DATE." O IF DATE IS MORE THAN 1 MONTH BEFORE CURRENT DATE, DISPLAY INTERVIEWER INSTRUCTION: "YOU HAVE ENTERED A DATE THAT
	OCCURRED MORE THAN A MONTH BEFORE TODAY. RE-ENTER DATE." O IF VALID DUE DATE WAS PROVIDED, GO TO DATE_KNOWN.
CPI004	4A/(DATE_KNOWN). DID PARTICIPANT GIVE DATE?
	PARTICIPANT GAVE COMPLETE DATE
CPI007	7/(BPLAN_CHANGE). Has the place where you plan to deliver your {baby/babies} changed since we last spoke with you?
	YES

CPI008/(BIRTH_PLAN). {So we make sure we have the correct information,} Where do you plan to deliver your {baby/babies}?

PROGRAMMER INSTRUCTION:

• IF **BPLAN_CHANGE** = 2, BEGIN WITH BRACKETED PHRASE

In a hospital,	1	
A birthing center,		
At home, or		(USE_PR_LOG)
Some other place?	4	
REFUSED		(USE_PR_LOG)
DON'T KNOW	-2	(USE_PR_LOG)

CPI009/(BIRTH_ADDR). What is the name and address of the place where you are planning to deliver your {baby/babies}?

NAME OF BIRTH HOSPITAL/BIRTHING CENTER (BIRTH_PLACE)
REFUSED1 DON'T KNOW2
STREET ADDRESS (B_ADDRESS_1)/(B_ADDRESS_2)
REFUSED1 DON'T KNOW2
CITY (B_CITY) REFUSED1 DON'T KNOW2
 STATE (B_STATE)
REFUSED1 DON'T KNOW2
 ZIP CODE (B_ZIPCODE)
REFUSED1 DON'T KNOW2

CPI010/(USE_PR_LOG). Are you using the Pregnancy Health Care Log? you or your health care provider (doctor, midwife, nurse, etc.) use about your medical visits.			
YES	OG)		
CPI011/(REASON_NO_PR_LOG). Is that because			
You haven't had a medical visit since our last interview,	(CPI013) (CPI014) (CPI014) (CPI017)		
CPI012/(REASON_NO_PR_LOG_OTH).			
SPECIFY: (CPI01	7)		
REFUSED1 DON'T KNOW2	•		
PROGRAMMER INSTRUCTION:LIMIT FREE TEXT TO 255 CHARACTERS.			
CPI013. We'll get another Pregnancy Health Care Log in the mail to you t	oday. (CPI017)		
CPI014. 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 your medical visits. (CPI017)			
CPI015/(NUM_PROV_PR_LOG). How many health care providers have you seen since using this Pregnancy Health Care Log?			
_ NUMBER OF PROVIDERS			
REFUSED1 DON'T KNOW			
CPI016/(NUM_PROV_REC). Of those providers that you have seen, ho you recorded their contact information such as address or phone r			
_ NUMBER OF CONTACTS			

REFUSED	-1
DON'T KNOW	-2

CPI017. I am now going to ask some questions about visits to a doctor or other health care provider (doctor, midwife, nurse, etc.). You may want to refer to {the Pregnancy 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 IN CPI017 IF USE PR LOG=1.

CPI018/(DATE_VISIT). What was the date of your most recent doctor's visit or checkup since you've become pregnant?

INTERVIEWER INSTRUCTION:

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

MONTH: MM	
HAVE NOT HAD A VISIT	-1
DATE: D D	
REFUSEDDON'T KNOW	-1 -2
YEAR: _ _ Y Y Y Y	
REFUSEDDON'T KNOW	

PROGRAMMER INSTRUCTION:

- IF VALID RESPONSE PROVIDED, AND **USE_PR_LOG**=1, GO TO **CPI019**.
- IF VALID RESPONSE PROVIDED AND **USE_PR_LOG**≠ 1 OR IF **DATE_VISIT** = -2, GO TO **CPI020**.
- OTHERWISE IF **DATE_VISIT** = -7 OR -1, GO TO PROGRAMMER INSTRUCTIONS FOLLOWING **CPI027**.

CPI019. If you haven't yet, please put a check mark in the box next to the visit you just told me about in your Pregnancy Health Care Log.

CPI020. {At this visit or at/At} any time during your pregnancy, did the doctor or other health care provider tell you that you have any of the following conditions?

INTERVIEWER INSTRUCTIONS:

• FOR ITEMS DIABETES_1, HIGHBP_PREG, URINE, PREECLAMP, EARLY_LABOR, ANEMIA, NAUSEA, KIDNEY, RH_DISEASE, GROUP_B, HERPES, VAGINOSIS, OTH_CONDITION, AND CONDITION_OTH, RE-READ INTRODUCTORY STATEMENT ({At this visit or at/At} any time during your pregnancy, did the doctor or other health care provider tell you that you have any of the following conditions?) AS NEEDED

PROGRAMMER INSTRUCTIONS:

- IF VALID DATE FOR **DATE_VISIT** IS PROVIDED, DISPLAY "At this visit or at".
- OTHERWISE DISPLAY "At".

CPI020A	(DIABETES	1). Diabetes?
---------	-----------	----------------------

YES
CPI020B/(HIGHBP_PREG). High blood pressure?
YES
CPI020C/(URINE). Protein in your urine?
YES
YES
CPI020E/(EARLY_LABOR). Early or premature labor?
YES

CPI020F/(ANEMIA). Anemia or low blood count?

	YES
CPI02	20G/(NAUSEA). Severe nausea or vomiting (hyperemesis)?
	YES
CPI02	20H/(KIDNEY). Bladder or kidney infection?
	YES
CPI02	201/(RH_DISEASE). Rh disease or isoimmunization?
	YES
CPI02	20J/(GROUP_B). Infection with a bacteria called Group B strep?
	YES
CPI02	20K/(HERPES). Infection with a Herpes virus?
	YES
CPI02	20L/(VAGINOSIS). Infection of the vagina with bacteria (Bacterial vaginosis?
	YES

CPI020M/(OTH_CONDITION). Any other serious condition?

NO REFUS	
CPI020N/(CO	NDITION_OTH).
	SPECIFY
	REFUSED1 DON'T KNOW2
PROGRAMMI	ER INSTRUCTION: LIMIT FREE TEXT TO 255 CHARACTERS
CPI021/(HOS hospita	PITAL). Since you've been pregnant, have you spent at least one night in the al?
	YES
IF HC CPI02	ER INSTRUCTIONS: OSPITAL = 2, -1, OR -2, GO TO PROGRAMMER INSTRUCTIONS FOLLOWING 27. ERWISE, GO TO (ADMIN_DATE_MM)(ADMIN_DATE_DD)(ADMIN_DATE_YY).
	IN_DATE_MM)(ADMIN_DATE_DD)(ADMIN_DATE_YY). What was the admission f your most recent hospital stay?
MOM M	
OVER REFUS	NOT BEEN HOSPITALIZED NIGHT/NOT APPLICABLE7 SED1 KNOW
DAY: _ D	 D
	SED1 KNOW
YEAF	R:

REFUSED
 PROGRAMMER INSTRUCTIONS: IF (ADMIN_DATE_MM)(ADMIN_DATE_DD)(ADMIN_DATE_YY) = -7, GO TO PROGRAMMER INSTRUCTIONS FOLLOWING CPI027. OTHERWISE, GO TO HOSP_NIGHTS.
CPI023/(HOSP_NIGHTS). How many nights did you stay in the hospital during this hospital stay?
NTERVIEWER INSTRUCTION: • CONFIRM RESPONSE
 NUMBER OF NIGHTS
REFUSED
CPI024/(DIAGNOSE). Did a doctor or other health care provider give you a diagnosis during this hospital stay?
YES
 PROGRAMMER INSTRUCTIONS: IF DIAGNOSE = 2, -1, OR -2, GO TO PROGRAMMER INSTRUCTIONS FOLLOWING CPI027. OTHERWISE, GO TO DIAGNOSE_2.
CPI025/(DIAGNOSE_2). What was the diagnosis?
 NTERVIEWER INSTRUCTION: PROBE FOR MULTIPLE RESPONSES. SELECT ALL THAT APPLY.
DEHYDRATION 1 PRETERM LABOR 2 HYPEREMESIS 3 PREECLAMPSIA 4 RUPTURE OF MEMBRANES 5 KIDNEY DISORDER 6 OTHER -5 REFUSED -1 DON'T KNOW -2

PROGRAMMER INSTRUCTIONS:

- IF **DIAGNOSE 2** = ANY COMBINATION OF 1 6 AND
 - o IF USE_PR_LOG = 1, GO TO CPI027.
 - o IF **USE_PR_LOG** = 2, -1, OR -2, GO TO PROGRAMMER INSTRUCTIONS FOLLOWING **CPI027**.
- IF **DIAGNOSE_2** = -5, OR ANY COMBINATION OF VALUES 1 6 AND -5, GO TO **DIAGNOSIS OTH**.
- IF **DIAGNOSE_2** = -1 OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES AND
 - o IF **USE_PR_LOG** = 1, GO TO **CPI027**.
 - o IF **USE_PR_LOG** = 2, -1, OR -2, GO TO PROGRAMMER INSTRUCTIONS FOLLOWING **CPI027**.

CPI026/(DIAGNOSIS_OTH).

SPECIFY ₋		
REFUSED		-1
DON'T KN	OW	-2

PROGRAMMER INSTRUCTION:

- IF USE PR LOG=1, GO TO CPI027.
- OTHERWISE, GO TO PROGRAMMER INSTRUCTIONS FOLLOWING CPI027.

CPI027. If you haven't yet, please put a check mark in the box next to the visit you just told me about in your Pregnancy Health Care Log.

PROGRAMMER INSTRUCTIONS:

- IF FATHER_KNOW_PREG = 2 AND CONTACT_F_LATER = 1 IN PV1 SAQ, GO TO CPI028.
- OTHERWISE, GO TO TIME_STAMP_CPI_ET.

CPI028. Part of the National Children's Study includes a planned study visit with the baby's father.

PROGRAMMER INSTRUCTIONS:

- IF **(F_F_NAME)(F_L_NAME)** COLLECTED IN PV1 SAQ AND VALID RESPONSE PROVIDED, GO TO **FATHER NAME CONFIRM.**
- OTHERWISE, IF (F_F_NAME)(F_L_NAME) NOT COLLECTED IN PV1 SAQ OR IF VALID RESPONSE WAS NOT PROVIDED, GO TO (F_F_NAME)(F_L_NAME).

CPI029/(FATHER_NAME_CONFIRM). Just to {F_F_NAME}?	o confirm, is the first name of your baby's father
YES NO REFUSED DON'T KNOW	2 1
 PROGRAMMER INSTRUCTIONS: PRELOAD AND DISPLAY F_F_NAME IF FATHER_NAME_CONFIRM = 2 OF OTHERWISE, GO TO PROGRAMMER (F_L_NAME). 	
CPI030/(F_F_NAME)(F_L_NAME). What is the	ne father's first and last name?
FIRST NAME (F_F_NAME)	LAST NAME (F_L_NAME)
REFUSEDDON'T KNOW	
 PROGRAMMER INSTRUCTIONS: IF VALID RESPONSE PROVIDED FOR THROUGHOUT INSTRUMENT. OTHERWISE, DISPLAY "the father of THROUGHOUT THE INSTRUMENT. 	R F_F_NAME , DISPLAY F_F_NAME your baby" OR "the father" AS APPROPRIATE
CPI031/(FATHER_SAME_HH). Is {F_F_NAMe_household as you?	ME/the father of your baby} living in the same
YES NO REFUSED DON'T KNOW	2 1
CPI032/(FATHER_KNOW_PREG). Is {F_F_N	AME/the father} aware of your pregnancy?
YES NOREFUSEDDON'T KNOW	2 1
 PROGRAMMER INSTRUCTIONS: IF FATHER_KNOW_PREG = 2, -1, OF OTHERWISE, GO TO CONTACT_F_N 	

CPI033/(CONTACT_F_NOW) . May we have your permission to contact {F_F_NAME/the father and invite him to participate in the Study?
YES
PROGRAMMER INSTRUCTIONS:
• IF CONTACT_F_NOW = 1 GO TO F_ADDR.
• OTHERWISE, IF CONTACT_F_NOW = 2, -1 OR -2, GO TO TIME_STAMP_CPI_ET .
CPI035/(F_ADDR). What is {F_F_NAME/the father}'s home address?
(F_ADDR1_2) ADDRESS 1 - STREET/PO BOX
(F_ADDR2_2) ADDRESS 2
(F_UNIT_2) UNIT
(F_CITY_2) CITY
_ _ STATE ZIP CODE ZIP+4 (F_STATE_2) (F_ZIPCODE_2) (F_ZIP4_2)
REFUSED1 DON'T KNOW2
CPI037/(F_PHONE). What is {F_F_NAME/the father}'s telephone number?
 INTERVIEWER INSTRUCTION: IF FATHER HAS NO TELEPHONE, ASK FOR TELEPHONE NUMBER WHERE HE RECEIVES CALLS.
_ _ - - - - - - - - - - - - - -
REFUSED

CPI039/(F_EMAIL). What is the best email address to reach {F F NAME/the father}?

ENTER EMAIL ADDRESS:___

 	REFUSED
CPI041/(F_AG	E). What is {F_F_NAME/the father}'s age?
]	 AGE IN YEARS
	REFUSED
PROGRAMME	R INSTRUCTIONS:
• IF F_A C	GE ≥ LOCAL AGE OF MAJORITY, GO TO TIME_STAMP_CPI_ET. GE < AGE OF MAJORITY, GO TO CPI043. WISE, IF F_AGE = -1 OR -2, GO TO F_AGE_MAJORITY.
CPI042/(F_AG	E_MAJORITY) . Is the father {LOCAL AGE OF MAJORITY} or older?
 DESCR 	R INSTRUCTION: RIBE HOW THE ANSWER TO THIS QUESTION DETERMINES THE FATHER'S RILITY AND THAT ALL DATA ARE KEPT CONFIDENTIAL AND SECURE.

PROGRAMMER INSTRUCTIONS:

- PRELOAD LOCAL AGE OF MAJORITY.
- IF F_AGE_MAJORITY = 1, -1 OR -2, GO TO TIME_STAMP_CPI_ET.
- OTHERWISE, IF **F_AGE_MAJORITY** = 2, GO TO **CPI043**.

CPI043. Because the father is legally considered a minor, we will not contact him to participate in the Study at this time.

(TIME_STAMP_CPI_ET) PROGRAMMER INSTRUCTION:

• INSERT DATE/TIME STAMP

HOUSING CHARACTERISTICS

(TIME_STAMP_HC_ST) PROGRAMMER INSTRUCTION:

INSERT DATE/TIME STAMP

HC001. Now I'd like to find out more about your home and the area in which you live.

HC001A/(RECENT_MOVE). Have you moved or changed your housing situation since we last spoke with you?

YES	1
NO	
REFUSED	1 (HC006)
DON'T KNOW	2

HC002/(OWN_HOME). Is your home...

Owned or being bought by you or someone in your	
household1	(AGE_HOME)
Rented by you or someone in your household, or 2	(AGE_HOME)
Occupied without payment of rent? 3	(AGE_HOME)
SOME OTHER ARRANGEMENT5	
REFUSED1	(AGE_HOME)
DON'T KNOW2	(AGE_HOME)

HC002A/(OWN_HOME_OTH).

SPECIFY		
REFUSED)	-1
DON'T KN	OW	-2

PROGRAMMER INSTRUCTION:

• LIMIT FREE TEXT TO 255 CHARACTERS

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

INTERVIEWER INSTRUCTIONS:

- IF USING SHOWCARDS, SHOW RESPONSE OPTIONS ON CARD TO PARTICIPANT.
- OTHERWISE, READ RESPONSE CATEGORIES TO PARTICIPANT.

2001 TO PRESENT	1
1981 TO 2000	2
1961 TO 1980	3
1941 TO 1960	4
1940 OR BEFORE	5
REFUSED	-1

DON'T KNOW	-2
	-2

PROGRAMMER INSTRUCTIONS:

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

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

_ NUMBER	
REFUSED DON'T KNOW	
WEEKS MONTHS YEARS	2

HC006. Now I'm going to ask about how your home is heated and cooled.

HC007/(MAIN_HEAT). Which of these types of heat sources best describes the <u>main</u> heating fuel source for your home?

INTERVIEWER INSTRUCTIONS:

- IF USING SHOWCARDS, SHOW RESPONSE OPTIONS ON CARD TO PARTICIPANT.
- OTHERWISE, READ RESPONSE CATEGORIES TO PARTICIPANT.

ELECTRIC1	(HEAT2)
GAS – PROPANE OR LP2	(HEAT2)
OIL3	(HEAT2)
WOOD4	(HEAT2)
KEROSENE OR DIESEL5	(HEAT2)
COAL OR COKE6	(HEAT2)
SOLAR ENERGY7	(HEAT2)
HEAT PUMP8	(HEAT2)
NO HEATING SOURCE	(COOLING)
OTHER5	,
REFUSED1	(COOLING)
DON'T KNOW2	

PROGRAMMER INSTRUCTIONS:

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

HC007A/(MAIN_HEAT_OTH).

SPECIFY		
REFUSED)	-1
	OW	

PROGRAMMER INSTRUCTION:

LIMIT FREE TEXT TO 255 CHARACTERS

HC008/(HEAT2). Are there any other types of heat you use regularly during the heating season to heat your home?

INTERVIEWER INSTRUCTIONS:

- IF USING SHOWCARDS, SHOW RESPONSE OPTIONS ON CARD TO PARTICIPANT.
- OTHERWISE, READ RESPONSE CATEGORIES TO PARTICIPANT.
- PROBE: Do you have any space heaters, or any secondary method for heating your home?
- SELECT ALL THAT APPLY.

ELECTRIC	1
GAS – PROPANE OR LP	
OIL	
WOOD	. 4
KEROSENE OR DIESEL	. 5
COAL OR COKE	. 6
SOLAR ENERGY	. 7
HEAT PUMP	. 8
NO OTHER HEATING SOURCE	.9
OTHER	5
REFUSED	1
DON'T KNOW	2

PROGRAMMER INSTRUCTIONS:

- IF USING SHOWCARDS, DISPLAY RESPONSE CATEGORIES IN ALL CAPITAL LETTERS.
- OTHERWISE, DISPLAY RESPONSE CATEGORIES AS MIXED UPPER/LOWER CASE.
- IF **HEAT2** CODED WITH ANY COMBINATION OF VALUES 1 8, THEN GO TO **COOLING**.
- IF **HEAT2** CODED 9, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES AND GO TO **COOLING**.
- IF **HEAT2** CODED -5, OR ANY COMBINATION OF VALUES 1 8 **AND** -5, GO TO **HEAT2 OTH.**
- IF **HEAT2** CODED -1 OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES AND GO TO **COOLING.**

HC008A/(HEAT2_OTH).
SPECIFY
REFUSED1 DON'T KNOW
PROGRAMMER INSTRUCTION: • LIMIT FREE TEXT TO 255 CHARACTERS
HC011/(COOLING). Does your home have any type of cooling or air conditioning besides fans?
YES
HC012/(COOL). Not including fans, which of the following kinds of cooling systems do you regularly use?
INTERVIEWER INSTRUCTION: • SELECT ALL THAT APPLY.
Window or wall air conditioners,
 PROGRAMMER INSTRUCTIONS: IF COOL CODED WITH ANY COMBINATION OF VALUES 1 - 3, THEN GO TO HC033. IF COOL CODED 4, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES AND GO TO HC033. IF HEAT2 CODED -5, OR ANY COMBINATION OF VALUES 1 – 3 AND -5, GO TO COOL_OTH. IF COOL CODED -1 OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES AND GO TO HC033.
HC012A/(COOL_OTH).
SPECIFY
REFUSED

PROGRAMMER INSTRUCTION:

• LIMIT FREE TEXT TO 255 CHARACTERS

HC033. Now I'd like to ask about the water in your home.

HC034/(WATER_DRINK). What water source in your home do you use most of the time for drinking?

Tap water, Filtered tap water, Bottled water, or	2 3	(WATER_COOK)
Some other source? REFUSED DON'T KNOW	1	•
HC034A/(WATER_DRINK_ OTH).		
SPECIFY		

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

PROGRAMMER INSTRUCTION:

• LIMIT FREE TEXT TO 255 CHARACTERS

HC035/(WATER_COOK). What water source in your home is used most of the time for cooking?

Tap water,	1	(HC036)
Filtered tap water,	2	(HC036)
Bottled water, or	3	(HC036)
Some other source?	-5	
REFUSED	-1	(HC036)
DON'T KNOW	-2	(HC036)

HC035A/(WATER COOK OTH).

SPECIFY_		
REFUSED.		 1
DON'T KNO	DW	 2

PROGRAMMER INSTRUCTION:

LIMIT FREE TEXT TO 255 CHARACTERS.

HC036. 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.

HC037/(WATER). Since we last spoke with you, have you seen any water damage inside you home?
YES
HC038/(MOLD). Since we last spoke with you, have you seen any mold or mildew on walls o other surfaces other than the shower or bathtub, inside your home?
YES
HC039/(ROOM_MOLD). In which rooms have you seen the mold or mildew?
INTERVIEWER INSTRUCTION:PROBE: Any other rooms?SELECT ALL THAT APPLY.
KITCHEN
PROGRAMMER INSTRUCTIONS:
 IF ROOM_MOLD CODED WITH ANY COMBINATION OF VALUES 1 – 7, THEN GO TO HC041. IF ROOM_MOLD CODED -5, OR ANY COMBINATION OF VALUES 1 – 7 AND -5, GO TO ROOM_MOLD_OTH. IF ROOM_MOLD CODED -1 OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES AND GO TO HC041.
HC040/(ROOM_MOLD _OTH).
SPECIFY
REFUSED1 DON'T KNOW2

PROGRAMMER INSTRUCTION:

LIMIT FREE TEXT TO 255 CHARACTERS

HC041. The next few questions ask about any recent additions or renovations to your home.

HC042/(PRENOVATE2). Since we last spoke with you, 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 refinishing floors.

YES	1	
NO	2	(PDECORATE2)
REFUSED	-1	(PDECORATE2)
DON'T KNOW	-2	(PDECORATE2)

HC043/(PRENOVATE2_ROOM). Which rooms were renovated?

INTERVIEWER INSTRUCTION:

- PROBE: Any others?
- SELECT ALL THAT APPLY.

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

PROGRAMMER INSTRUCTIONS:

- IF **PRENOVATE2_ROOM** CODED WITH ANY COMBINATION OF VALUES 1 7, THEN GO TO **PDECORATE2**.
- IF **PRENOVATE2_ROOM** CODED -5, OR ANY COMBINATION OF VALUES 1 7 AND -5, GO TO **PRENOVATE2 ROOM OTH**.
- IF **PRENOVATE2_ROOM** CODED -1 OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES AND GO TO **PDECORATE2.**

HC044/(PRENOVATE2_ROOM_OTH).

SPECIFY	
REFUSED	-1
DON'T KNOW	-2

PROGRAMMER INSTRUCTION:

• LIMIT FREE TEXT TO 255 CHARACTERS

HC045/(PDECORATE2). Since we last spoke with you, were any smaller projects done in your home, such as painting, wallpapering, refinishing floors, or installing new carpet?

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

HC046/(PDECORATE2 ROOM). In which rooms were these smaller projects done?

INTERVIEWER INSTRUCTION:

- PROBE: Any others?
- SELECT ALL THAT APPLY.

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

PROGRAMMER INSTRUCTIONS:

- IF **PDECORATE2_ROOM** CODED WITH ANY COMBINATION OF VALUES 1 7, THEN GO TO **TIME_STAMP_HC_ET.**
- IF **PDECORATE2_ROOM** CODED -5, OR ANY COMBINATION OF VALUES 1 7 **AND** -5, GO TO **PDECORATE2_ROOM_OTH**.
- IF **PDECORATE2_ROOM** CODED -1 OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES AND GO TO **TIME_STAMP_HC_ET.**

HC046A/(PDECORATE2_ROOM_OTH).

SPECIFY	
REFUSED	-1
DON'T KNOW	-2

PROGRAMMER INSTRUCTION:

• LIMIT FREE TEXT TO 255 CHARACTERS.

(TIME_STAMP_HC_ET) PROGRAMMER INSTRUCTION:

INSERT DATE/TIME STAMP

EMPLOYMENT

(TIME_STAMP_EM_ST) PROGRAMMER INSTRUCTION:

INSERT DATE/TIME STAMP

EM001. Now, I'd like to ask some questions about your current employment status.

EM001A. The next questions may be similar to those asked the last time we spoke, but we are asking them again because sometimes the answers change.

EM002/(WORKING). Are you currently working at any full or part time jobs?

REFU:	SED	2 (TIME_STAMP_EM_ET)1 (TIME_STAMP_EM_ET)
EM002A/(HC	OURS). Approximately how many h	nours each week are you working?

NUMBER OF HOURS	
REFUSED	-1
DON'T KNOW	-2

PROGRAMMER INSTRUCTION:

DISPLAY A SOFT EDIT IF RESPONSE > 60.

EM002B/(SHIFT_WORK). Do you work a shift that starts after 2 pm?

YES		1
NO		2
SOME	TIMES	3
REFUS	SED	1
DON'T	KNOW	2

PROGRAMMER INSTRUCTIONS:

- IF **WORKING**= 1, AND **WORK_NAME** PREVIOUSLY COLLECTED AND VALID RESPONSE PROVIDED, GO TO **WORK_NAME_CONFIRM.**
- IF **WORKING** = 1, AND **WORK_NAME** NOT PREVIOUSLY COLLECTED OR VALID RESPONSE NOT PROVIDED, GO TO **WORK_NAME**.

EM002C/(WORK_NAME_CONFIRM). Let me confirm the name of the place where you work. I have it as {PARTICIPANT'S WORK PLACE NAME}. Is this correct?

YES		
NO		2
REFUSE	D	1
DON'T K	NOW	2

PROGRAMMER INSTRUCTIONS:

- PRELOAD WORK PLACE NAME FROM WORK_NAME IN PREGNANCY VISIT 1.
- IF WORK_NAME_CONFIRM =1 OR -1, GO TO PROGRAMMER INSTRUCTIONS FOLLOWING WORK NAME.
- OTHERWISE, IF WORK NAME CONFIRM = 2 OR -2, GO TO WORK NAME.

EM002D/(WORK_NAME). What is the name of the place where you work?

REFUSED	1
DON'T KNOW	

PROGRAMMER INSTUCTIONS:

- LIMIT TEXT TO 255 CHARACTERS.
- IF WORK_ADDRESS_VARIABLES NOT COLLECTED PREVIOUSLY OR VALID WORK ADDRESS NOT PROVIDED, GO TO WORK_ADDRESS_VARIABLES.
- IF **WORK_ADDRESS_VARIABLES** COLLECTED PREVIOUSLY AND VALID WORK ADDRESS PROVIDED, GO TO **WORK_ADDRESS_VARIABLES_CONFIRM**.
- OTHERWISE, GO TO TIME STAMP EM ET.

EM002E/(WORK_ADDRESS_VARIABLES). What is the address where you work?

INTERVIEWER INSTRUCTION:

PROBE AND ENTER AS MUCH INFORMATION AS PARTICIPANT KNOWS.

ADDRESS 1 - STREET/PO BOX (WORK_ADDRESS_1)
REFUSEDDON'T KNOW
ADDRESS 2 (WORK_ADDRESS_2)
REFUSEDDON'T KNOW
UNIT (WORK_UNIT)
REFUSEDDON'T KNOW
CITY (WORK_CITY)
REFUSEDDON'T KNOW

STATE (WORK_STATE)
REFUSED1
DON'T KNOW2
_ _ _ - - - - - - ZIP CODE ZIP+4 (WORK_ZIP) (WORK_ZIP4)
REFUSED1 DON'T KNOW2
PROGRAMMER INSTRUCTION: • GO TO TIME_STAMP_EM_ET. EM002F/(WORK_ADDRESS_VARIABLES_CONFIRM). Let me confirm your work address. I
have it as {PARTICIPANT'S WORK ADDRESS}.
ADDRESS 1 - STREET/PO BOX (CWORK_ADDRESS_1)
REFUSED1 DON'T KNOW2
ADDRESS 2 (CWORK_ADDRESS_2)
REFUSED1
DON'T KNOW2
UNIT (CWORK_UNIT)
REFUSED1 DON'T KNOW2
CITY (CWORK_CITY)
REFUSED1 DON'T KNOW2
 STATE (CWORK_STATE)

REFUSED.....-1

DON'T KNOW	2
_ _ ZIP CODE	- ZIP+4 (CWORK_ZIP) (CWORK_ZIP4)
	1 2

PROGRAMMER INSTRUCTION:

• PRELOAD WORK ADDRESS; ALLOW INTERVIEWER TO MAKE CORRECTIONS.

(TIME_STAMP_EM_ET) PROGRAMMER INSTRUCTION:

• INSERT DATE/TIME STAMP

SOCIAL SUPPORT

(TIME_STAMP_SS_ST) PROGRAMMER INSTRUCTION:

INSERT DATE/TIME STAMP

SS001. The following questions ask about your feelings and thoughts <u>during the last month</u>. For the following questions, please refer to the card and choose the answer that best describes your life now.

INTERVIEWER INSTRUCTIONS:

- IF USING SHOWCARDS, SHOW RESPONSE OPTIONS ON CARD TO PARTICIPANT.
- OTHERWISE, READ RESPONSE CATEGORIES TO PARTICIPANT.

PROGRAMMER INSTRUCTIONS:

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

SS001A/(LISTEN). Is there someone available to you whom you can count on to listen to you when you need to talk?

NONE OF THE TIME	1
A LITTLE OF THE TIME	2
SOME OF THE TIME	3
MOST OF THE TIME	4
ALL OF THE TIME	5
REFUSED	-1
DON'T KNOW	-2

SS002/(ADVICE). Is there someone available to give you good advice about a problem?

NONE OF THE TIME	1
A LITTLE OF THE TIME	2
SOME OF THE TIME	3
MOST OF THE TIME	4
ALL OF THE TIME	5
REFUSED	-1
DON'T KNOW	-2

SS003/(AFFECTION). Is there someone available to you who shows you love and affection?

NONE OF THE TIME	1
A LITTLE OF THE TIME	2
SOME OF THE TIME	3
MOST OF THE TIME	4
ALL OF THE TIME	5
REFUSED	-1
DON'T KNOW	-2

SS004/(DAIL	Y_HELP). Is there so	meone available t	to help you with daily c	hores?
A LIT SOME MOST ALL C REFU	E OF THE TIME TLE OF THE TIME E OF THE TIME F OF THE TIME OF THE TIME ISED		2 3 4 5 -1	
	T_SUPPORT). Can y g over problems or he		yone to provide you v a difficult decision)?	vith emotional support
A LIT SOME MOST ALL C REFU	E OF THE TIME TLE OF THE TIME E OF THE TIME F OF THE TIME OF THE TIME ISED		2 3 4 5 -1	
	_ SUPPORT). Do you ose to, someone in w		contact as you would I t and confide?	ike with someone you
A LIT SOME MOST ALL C REFU	E OF THE TIME TLE OF THE TIME E OF THE TIME T OF THE TIME OF THE TIME ISED T KNOW		2 3 4 5 -1	
•	IP_SS_ET) PROGRA RT DATE/TIME STAM		CTION:	

HEALTH INSURANCE

(TIME_STAMP_HI_ST) PROGRAMMER INSTRUCTION:

- INSERT DATE/TIME STAMP
- **HI001.** Now I'm going to switch the subject and ask about health insurance. The next questions are similar to those asked the last time we contacted you, but we are asking them again because sometimes the answers change.
- **HI001A/(INSURE).** Are you <u>currently</u> covered by any kind of health insurance or some other kind of health care plan?

YES	.1
NO	2(TIME_STAMP_HI_ET)
REFUSED	1(TIME_STAMP_HI_ET)
DON'T KNOW	2(TIME_STAMP_HI_ET)

HI002. Now I'll read a list of different types of insurance. Please tell me which types you <u>currently</u> have.

INTERVIEWER INSTRUCTIONS:

- FOR ITEMS INS_EMPLOY, INS_MEDICAID, INS_TRICARE, INS_IHS, INS_MEDICARE, AND INS_OTH, RE-READ INTRODUCTORY STATEMENT (Do you currently have...) AS NEEDED
- **HI003/(INS_EMPLOY).** Insurance through an employer or union either through yourself or another family member?

YES		1
REFUS	SED	1
DON'T	KNOW	2

HI004/(INS_MEDICAID). Medicaid or any government-assistance plan for those with low incomes or a disability?

INTERVIEWER INSTRUCTIONS:

• PROVIDE EXAMPLES OF LOCAL MEDICAID PROGRAMS

YES		1
NO		2
REFUS	SED	1
	KNOW	

HI005/(INS_TRICARE). TRICARE, VA, or other military health care?

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

HI006/(INS_IHS). Indian Health Service?
	YES
HI007/(INS_MEDICARE). Medicare, for people with certain disabilities?
	YES
	YES
•	STAMP_HI_ET) PROGRAMMER INSTRUCTION: INSERT DATE/TIME STAMP

CLOSING SCRIPTS

(TIME_STAMP_CS_ST) PROGRAMMER INSTRUCTION:

INSERT DATE/TIME STAMP

PROGRAMMER INSTRUCTIONS:

- IF PREGNANT = 2, GO TO END LOSS.
- OTHERWISE, GO TO **END.**

END_LOSS. Again, I'd like to say how sorry I am for your loss. {We'll send the information packet you requested as soon as possible.} Please accept our condolences. Thank you for your time.

INTERVIEWER INSTRUCTIONS:

- DO NOT OFFER SAQS.
- END INTERVIEW.

PROGRAMMER INSTRUCTIONS:

- IF **LOSS_INFO** = 1, DISPLAY BRACKETED TEXT: We'll send the information packet you requested as soon as possible.
- GO TO TIME_STAMP_CS_ET.

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 INSTRUCTIONS:

- EXPLAIN SAQS AND RETURN PROCESS.
- END INTERVIEW.

(TIME_STAMP_CS_ET) PROGRAMMER INSTRUCTION:

INSERT DATE/TIME STAMP