



6-Month Interview

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Respondent:	Parent/Caregiver
Participant:	Child
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6-Month Interview

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6-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 CHILD'S FIRST NAME AND DISPLAY 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.

INTERVIEWER INSTRUCTION:

- DO NOT ADMINISTER THESE QUESTIONS TO THE PARENT/CAREGIVER.

IC001/(MULT_CHILD). IS THERE MORE THAN ONE CHILD IN THIS HOUSEHOLD ELIGIBLE FOR THE 6 MONTH INTERVIEW TODAY?

YES..... 1
NO..... 2 (**CHILD_SEX**)

IC006/(CHILD_NUM). HOW MANY CHILDREN IN THIS HOUSEHOLD ARE ELIGIBLE FOR THE 6-MONTH INTERVIEW TODAY?

|_|_|
NUMBER OF CHILDREN

PROGRAMMER INSTRUCTION:

- IF **CHILD_NUM>1**, GO TO **CHILD_QNUM** AND LOOP THROUGH QUESTIONNAIR FROM **CHILD_QNUM** THROUGH **HOME CARE** FOR EACH CHILD UNTIL **CHILD_NUM=CHILD_QNUM**, THEN GO TO **SMOKE_HRS**.

IC009/(CHILD_QNUM). WHICH NUMBER CHILD IS THIS QUESTIONNAIRE FOR?

|_|_|
NUMBER

PROGRAMMER INSTRUCTION:

- **CHILD_QNUM** CANNOT BE GREATER THAN **CHILD_NUM**.

IC011/(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 (**TIME_STAMP_2**)
FATHER..... 2 (**TIME_STAMP_2**)
OTHER..... 3

IC019/(RESP_REL_OTH).

SPECIFY _____

PROGRAMMER INSTRUCTION:

- LIMIT TEXT TO 255 CHARACTERS.

CHILD DEVELOPMENT AND PARENTING

(TIME_STAMP_2) PROGRAMMER INSTRUCTION:

- INSERT DATE/TIME STAMP.

CDP001. First, I'd like to ask about {C_FNAME/the child} and you. 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}...

CDP003/(EYES_FOLLOW). ...Follow you with {his/her} eyes?

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

CDP004/(SMILE). ...Smile when you smile at {him/her}?

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

CDP005/(REACH_1). ...Try to get a toy that is out of reach?

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

CDP006/(FEED). .Feed {himself/herself} a cracker or cereal?

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

CDP007/(WAVE). ...Wave goodbye?

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

CDP008/(REACH_2). ...Reach for toys or food held to {him/her}?

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

CDP009/(GRAB). ...Grab an object like a block or rattle from you?

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

CDP010/(SWITCH_HANDS). ...Move a toy or block from one hand to the other?

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

CDP011/(PICKUP). ...Pick up a small object like a Cheerio or raisin?

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

CDP012/(HOLD). ...Hold two toys or blocks at a time, one in each hand?

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

CDP013/(SOUND_2). ...Turn towards a sound?

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

CDP014/(SOUND_3). ...Turn toward someone when they're speaking?

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

CDP015/(SPEAK_1). ...Make sounds as though {he/she} is trying to speak?

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

CDP016/(SPEAK_2). ...Say mama or dada?

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

CDP017/(HEADUP). ...Keep head steady when sitting or held up?

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

CDP018/(ROLL_1). ...Roll over from stomach to back?

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

CDP019/(ROLL_2). ...Roll from back to stomach?

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

CDP020/(SITUP). ...Sit up by {himself/herself}?

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

CDP021/(STAND). ...Stand while holding onto something?

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

PROGRAMMER INSTRUCTIONS:

- **IF RESP_REL = 1 OR 2, GO TO TIME_STAMP_3.**
- **OTHERWISE, GO TO TIME_STAMP_4.**

SLEEP

(TIME_STAMP_3) PROGRAMMER INSTRUCTION:

- INSERT DATE/TIME STAMP.

SL001. Now I'll ask you about {C_FNAME/the child}'s sleeping habits.

SL003/(SLEEP_PLACE_1). Does {C_FNAME/the child} usually sleep in your bedroom or in a different room at night?

IN PARENT'S ROOM.....	1
IN A DIFFERENT ROOM.....	2
BOTH IN PARENT'S ROOM AND A DIFFERENT ROOM.....	3
REFUSED.....	-1
DON'T KNOW.....	-2

SL005/(SLEEP_PLACE_2). What does {C_FNAME/the child} sleep in at night?

A bassinette.....	1	(SLEEP_POSITION_NIGHT)
A crib.....	2	(SLEEP_POSITION_NIGHT)
A co-sleeper.....	3	(SLEEP_POSITION_NIGHT)
In the bed or other place with you.....	4	(SLEEP_POSITION_NIGHT)
In something else.....	-5	
REFUSED.....	-1	(SLEEP_POSITION_NIGHT)
DON'T KNOW.....	-2	(SLEEP_POSITION_NIGHT)

SL006/(SLEEP_PLACE_2_OTH).

SPECIFY _____

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

PROGRAMMER INSTRUCTION:

- LIMIT FREE TEXT TO 255 CHARACTERS.

SL008/(SLEEP_POSITION_NIGHT). In what position do you most often lay {C_FNAME/the child} down to sleep at night? On {his/her}

Stomach.....	1
Back.....	2
Side.....	3
REFUSED.....	-1
DON'T KNOW.....	-2

SL010/(SLEEP_POSITION_NAP). In what position do you most often lay {C_FNAME/the child} down for naps? On the

- Stomach..... 1
- Back..... 2
- Side..... 3
- REFUSED..... -1
- DON'T KNOW..... -2

SL012/(SLEEP_ROUTINE). Does {C_FNAME/the child} have a regular sleeping routine now?

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

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

|_|_|
HOURS

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

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

|_|_|
HOURS

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

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

INTERVIEWER INSTRUCTIONS:

- PROMPT PARENT 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..... 1
- PM..... 2

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

INTERVIEWER INSTRUCTIONS:

- PROMPT PARENTS 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”.

SL022/(SLEEP_DIFFICULT). How often is {C_FNAME/the child} difficult when {he/she} is put to bed?

- 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

HEALTH AND MEDICAL CONDITIONS

(TIME_STAMP_4) PROGRAMMER INSTRUCTION:

- INSERT DATE/TIME STAMP.

MC001. Now I'd like to change the subject and ask about {C_FNAME/the child}'s health and about some medical conditions {he/she} may have had.

MC003/(C_HEALTH). Since {C_FNAME/the child} was born, would you say {his/her} health has been poor, fair, good, or excellent?

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

MC005/(COLD). Has {C_FNAME/the child} ever had a runny nose, cough, or cold?

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

MC007/(COLD_AGE)/(COLD_AGE_UNIT). How old was {he/she/the child} when {he/she/the child} first had a runny nose, cough, or cold?

NUMBER

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

DAYS.....	1
WEEKS.....	2
MONTHS.....	3

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

MC011/(EAR_INFECTION). Has {C_FNAME/the child} ever had an ear infection?

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

MC013/(EAR_INFECTION_AGE)/ (EAR_INFECTION_AGE_UNIT). How old was {he/she/the child} when {he/she/the child} first had an ear infection?

- |_|_|
NUMBER
REFUSED..... -1
DON'T KNOW..... -2
- DAYS..... 1
WEEKS..... 2
MONTHS..... 3
REFUSED..... -1
DON'T KNOW..... -2

MC017/(GASTRO). Has {C_FNAME/the child} ever had diarrhea or vomiting?

- YES..... 1
NO..... 2 **(RESPIRATORY)**
REFUSED..... -1 **(RESPIRATORY)**
DON'T KNOW..... -2 **(RESPIRATORY)**

MC019/(GASTRO_AGE)/ (GASTRO_AGE_UNIT). How old was {he/she/the child} when {he/she/the child} first had diarrhea or vomiting?

- |_|_|
NUMBER
REFUSED..... -1
DON'T KNOW..... -2
- DAYS..... 1
WEEKS..... 2
MONTHS..... 3
REFUSED..... -1
DON'T KNOW..... -2

MC023/(RESPIRATORY). Has {C_FNAME/the child} ever had wheezing or whistling in the chest?

- YES..... 1
NO..... 2 **(FEVER)**
REFUSED..... -1 **(FEVER)**
DON'T KNOW..... -2 **(FEVER)**

MC025/(RESPIRATORY_AGE)/ (RESPIRATORY_AGE_UNIT). How old was {he/she/the child} when {he/she/the child} first had wheezing or whistling in the chest?

- |_|_|
NUMBER
REFUSED..... -1
DON'T KNOW..... -2

DAYS..... 1
 WEEKS..... 2
 MONTHS..... 3
 REFUSED..... -1
 DON'T KNOW..... -2

MC027/(FEVER). Since {C_FNAME/the child} was born, on how many days has {he/she} had a fever over 101 degrees, not related to receiving immunizations? (IF NEEDED: or 38.3 degrees Celsius?)

|_|_|_|
 NUMBER OF DAYS

INTERVIEWER INSTRUCTION:

- ENTER "0" IF NONE

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

MC029/(FAIL_THRIVE). Has a doctor ever told you that {C_FNAME/the child} has failure to thrive, or any other concern about proper growth?

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

HEALTH CARE

(TIME_STAMP_5) PROGRAMMER INSTRUCTION:

- INSERT DATE/TIME STAMP.

HL001. The next questions are about {C_FNAME/your child}'s health care.

HL002/(R_HCARE). 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
Doctor's office or Health Maintenance Organization (HMO).....	2
Hospital emergency room.....	3
Hospital outpatient department.....	4
Some other place.....	-5
DOESN'T GO TO ONE PLACE MOST OFTEN.....	6
DOESN'T GET WELL-CHILD CARE ANYWHERE.....	7
REFUSED.....	-1
DON'T KNOW.....	-2

PROGRAMMER INSTRUCTION:

- IF R_HCARE
= 1-4, 6, 7, -1, OR -2 AND RESP_REL = 1, GO TO USE_IC_LOG.
- IF R_HCARE
= -5, GO TO R_HCARE_OTH.
- OTHERWISE,
GO TO HL010.

HL002A/(R_HCARE_OTH).

SPECIFY _____

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

PROGRAMMER INSTRUCTIONS:

- LIMIT FREE TEXT TO 255 CHARACTERS.
- IF RESP_REL = 1, GO TO USE_IC_LOG.
- OTHERWISE, GO TO HL010.

HL004/(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 (HL010)
 DON'T KNOW..... -2 (HL010)

HL005/(REASON_NO_IC_LOG). Is that because...

Your child hasn't had a medical visit since our last
 interview,..... 1 (HOSPITAL)
 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 (HL010)
 OTHER (SPECIFY):.....-5
 REFUSED..... -1 (HL007)
 DON'T KNOW..... -2 (HL007)

HL005A/(REASON_NO_IC_LOG_OTH).

OTHER: SPECIFY _____ (HL010)

PROGRAMMER INSTRUCTION:

- LIMIT TEXT TO 255 CHARACTERS.

HL006. We'll get another Infant and Child Health Care Log in the mail to you today. (HL010)

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. (HL010)

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

HL010. I am now going to ask some questions about the child's visits to a doctor or other health care provider, pediatrician, family medicine doctor, or 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**.

HL011/(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 **(HOSPITAL)**
REFUSED..... -1 **(HOSPITAL)**
DON'T KNOW..... -2

DAY:
|_|_|
D D

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

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

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

HL012/(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 < 10 OR > 25 POUNDS.

- IF **USE_IC_LOG=1**, GO TO **HL013**.
- OTHERWISE, GO TO **HOSPITAL**.

HL013. 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.

HL014/(HOSPITAL). Since {DATE OF LAST INTERVIEW/the child's birth}, 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 3-MONTH INTERVIEW SET TO COMPLETE, PRELOAD 3-MONTH INTERVIEW DATE FOR DATE OF LAST INTERVIEW.
- IF 3-MONTH INTERVIEW NOT SET TO COMPLETE, DISPLAY "the child's birth".

HL015/(HOSPITAL_TIMES). How many times since {DATE OF LAST INTERVIEW/the child's birth} has {C_FNAME/the child} spent at least one night in the hospital?

TIMES

REFUSED..... -1 (TIME_STAMP_6)
 DON'T KNOW..... -2 (TIME_STAMP_6)

PROGRAMMER INSTRUCTIONS:

- IF 3-MONTH INTERVIEW SET TO COMPLETE, PRELOAD 3-MONTH INTERVIEW DATE FOR DATE OF LAST INTERVIEW.
- IF 3-MONTH INTERVIEW NOT SET TO COMPLETE, DISPLAY "the child's birth".
- LOOP THROUGH (ADMIN_DATE_MM), (ADMIN_DATE_DD), (ADMIN_DATE_YY), HOSP_NIGHTS, DIAGNOSE, DIAGNOSE_OTH (IF DIAGNOSE = 1), AND HL020 (IF USE_IC_LOG=1) FOR EACH HOSPITAL ADMISSION.
- TOTAL NUMBER OF LOOPS SHOULD EQUAL VALUE ENTERED IN HOSPITAL_TIMES.
- AFTER COMPLETING FINAL LOOP, GO TO TIME_STAMP_6.

HL016/(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

HL017/(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

HL018/(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 (HL020)
 REFUSED..... -1 (HL020)
 DON'T KNOW..... -2 (HL020)

PROGRAMMER INSTRUCTIONS:

- IF DIAGNOSE = 1, GO TO DIAGNOSE_OTH.
- IF DIAGNOSE = 2, -1, OR -2, AND USE_IC_LOG =1, GO TO HL020.

- OTHERWISE, GO TO **TIME_STAMP_6**.

HL019/(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 **HL020**.
- OTHERWISE, GO TO **TIME_STAMP_6**.

HL020. If you haven't yet, please put a check mark in the box next to the visit you just told me about in the infant and child health care log.

HEALTH INSURANCE

(TIME_STAMP_6) PROGRAMMER INSTRUCTION:

- INSERT DATE/TIME STAMP.

HI001. Now I'm going to ask about health insurance. We have asked about this before. Sometimes, it changes, so we are going to ask again.

HI003/(INSURE). Is {C_FNAME/the child} currently covered by any kind of health insurance or some other kind of health care plan?

YES..... 1
NO..... 2 (TIME_STAMP_7)
REFUSED..... -1 (TIME_STAMP_7)
DON'T KNOW..... -2 (TIME_STAMP_7)

HI004. Now I'll read a list of different types of insurance. Please tell me which types {C_FNAME/the child} currently has. (Does {C_FNAME/the child} currently have...)

INTERVIEWER INSTRUCTION:

- RE-READ INTRODUCTORY STATEMENT IN PARENTHESES AS NEEDED.

HI005/(INS_EMPLOY). Insurance through an employer or union either through yourself or another family member?

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

HI007/(INS_MEDICAID). Medicaid or any government-assistance plan for those with low incomes or a disability?

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

INTERVIEWER INSTRUCTION:

- PROVIDE EXAMPLES OF LOCAL MEDICAID PROGRAMS.

HI009/(INS_TRICARE). TRICARE, VA, or other military health care?

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

HI011/(INS_IHS). Indian Health Service?

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

HI013/(INS_MEDICARE). Medicare, for people with certain disabilities?

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

HI015/(INS_OTH). Any other type of health insurance or health coverage plan?

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

CHILD CARE ARRANGEMENTS

(TIME_STAMP_7) PROGRAMMER INSTRUCTION:

- INSERT DATE/TIME STAMP.

CC001. Next, 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.

CC003/(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_8)
REFUSED..... -1 (TIME_STAMP_8)
DON'T KNOW..... -2 (TIME_STAMP_8)

CC005/(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 (HO001)
REFUSED..... -1 (HO001)
DON'T KNOW..... -2 (HO001)

CC007/(FAMILY_CARE_HRS). Approximately how many total hours each week does {C_FNAME/the child} receive care from relatives?

NUMBER OF HOURS PER WEEK

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

PROGRAMMER INSTRUCTION:

- INCLUDE SOFT EDIT IF RESPONSE EXCEEDS 50 HOURS PER WEEK.

HOME CARE

HO001. 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.

HO011/(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 (DAYCARE)
REFUSED..... -1 (DAYCARE)
DON'T KNOW..... -2 (DAYCARE)

HO013/(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:

- INCLUDE SOFT EDIT IF RESPONSE > 50 HOURS PER WEEK.

HO015. Now I want to ask you about child care centers {C_FNAME/the child} may attend on a regular basis.

HO017/(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..... 1
NO..... 2 (TIME_STAMP_8)
REFUSED..... -1 (TIME_STAMP_8)
DON'T KNOW..... -2 (TIME_STAMP_8)

HO019/(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
DON'T KNOW..... -2

PROGRAMMER INSTRUCTIONS:

- INCLUDE SOFT EDIT IF RESPONSE EXCEEDS 50 HOURS PER WEEK.
- 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_15.

MATERNAL BEHAVIORS

(TIME_STAMP_8) PROGRAMMER INSTRUCTION:

- INSERT DATE/TIME STAMP.
- IF RESP_REL = 1 AND CHILD_QNUM=1, GO TO MB001.
- IF RESP_REL = 1 OR 2 AND CHILD_QNUM>1, GO TO SMOKE_HOURS.

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_PREG). Just before you gave birth to {C_FNAME/the child}, were you employed at a job or business?

YES.....	1
NO.....	2 (TIME_STAMP_9)
REFUSED.....	-1 (TIME_STAMP_9)
DON'T KNOW.....	-2 (TIME_STAMP_9)

MB005/(WORK_NOW). Have you returned to work, or are you currently on maternity leave from this job? Please tell me which category best describes your work situation.

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.

RETURNED TO WORK.....	1 (WORK_HRS)
UNPAID LEAVE.....	2 (TIME_STAMP_9)
PAID LEAVE.....	3 (TIME_STAMP_9)
LEFT THE POSITION.....	4 (TIME_STAMP_9)
LOOKING FOR WORK.....	5 (TIME_STAMP_9)
OTHER	-5
REFUSED	-1 (TIME_STAMP_9)
DON'T KNOW.....	-2 (TIME_STAMP_9)

MB006/(WORK_NOW_OTH). SPECIFY

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

PROGRAMMER INSTRUCTION:

- LIMIT FREE TEXT TO 255 CHARACTERS.

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

|_|_|
HOURS

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

(TIME_STAMP_9) PROGRAMMER INSTRUCTION:

- INSERT DATE/TIME STAMP.

MB011. The next questions ask about smoking in your household.

MB012/(CIG_NOW). Do you currently smoke cigarettes or use any other tobacco product?

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

MB014/(NUM_SMOKER). How many smokers live in your home now {including yourself}?

PROGRAMMER INSTRUCTIONS:

- IF **CIG_NOW** = 1, DISPLAY BRACKETED TEXT
- HARD EDIT: IF **CIG_NOW** = 1, RESPONSE TO **NUM_SMOKER** MUST BE ≥ 1 .

|_|_|
NUMBER OF SMOKERS

INTERVIEWER INSTRUCTION:

- ENTER "0" IF NONE

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

MB016/(SMOKE_INSIDE). Does anyone smoke inside the house?

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

MB018/(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

MB020/(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“00.”

|_|_|
 HOURS

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

PROGRAMMER INSTRUCTIONS:

- IF RESP_REL =1 OR 2, AND CHILD_NUM ≠ CHILD_QNUM, GO TO CHILD_QNUM.
- IF RESP_REL = 1 AND CHILD_NUM = CHILD_QNUM, GO TO TIME_STAMP_10.
- IF RESP_REL = 2 AND CHILD_NUM = CHILD_QNUM, GO TO TIME_STAMP_15.

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:

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

DOG.....	1	
CAT.....	2	
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 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 **PET_MEDS**.

PT007/(PET_TYPE_OTH).

SPECIFY: _____

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

PROGRAMMER INSTRUCTION:

- LIMIT FREE TEXT TO 255 CHARACTERS.

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)**
REFUSED..... -1 **(TIME_STAMP_11)**
DON'T KNOW..... -2 **(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. I would now like to ask about whether you have seen signs of rodents or seen cockroaches in your home since {C_FNAME/the child} was born.

IHE046/(RODENT). Since {C_FNAME/the child} was born, have you seen signs of mice, rats, or other rodents in your home (not including pets)?

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

IHE047/(ROACH). Since {C_FNAME/the child} was born, have you seen cockroaches in your home?

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

PROGRAMMER INSTRUCTIONS:

- IF RESP_REL = 1, GO TO TIME_STAMP_12.
- OTHERWISE, GO TO TIME_STAMP_16.

NEIGHBORHOOD CHARACTERISTICS

(TIME_STAMP_12) PROGRAMMER INSTRUCTION:

- INSERT DATE/TIME STAMP

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,.....	2
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, or.....	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,	2
Many, or.....	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, or.....	3
Most?	4
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,1
- 1 or 2,2
- 3 to 5, or.....3
- 6 or more?.....4
- REFUSED-1
- DON'T KNOW.....-2

PROGRAMMER INSTRUCTION:

- CALCULATE AND DISPLAY DATE 30 DAYS PRIOR TO INTERVIEW DATE.

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. Would you say ...

- Often,1
- Sometimes,.....2
- Rarely, or.....3
- Never?.....4
- REFUSED-1
- DON'T KNOW.....-2

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? Would you say ...

- Often,1
- Sometimes,.....2
- Rarely, or.....3
- Never?.....4
- REFUSED-1
- DON'T KNOW.....-2

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, or3
- Very Unlikely?.....4
- REFUSED-1
- DON'T KNOW.....-2

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
- Unlikely, or.....3

Very Unlikely?.....4
REFUSED-1
DON'T KNOW.....-2

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

NC024/(NEIGH_CLOSE). This is a close-knit neighborhood. Would you say you....

Strongly agree,.....1
Agree,2
Disagree, or3
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,.....1
Agree,2
Disagree, or3
Strongly disagree?.....4
REFUSED-1
DON'T KNOW.....-2

NC028/(NEIGH_SAFE_1). I feel safe walking in my neighborhood, day or night.

Strongly agree,.....1
Agree,2
Disagree, or.....3
Strongly disagree?.....4
REFUSED-1
DON'T KNOW.....-2

NC030/(NEIGH_SAFE_2). Violence is not a problem in my neighborhood.

Strongly agree,.....1
Agree,2
Disagree, or3
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

FINANCIAL SECURITY

(TIME_STAMP_13) PROGRAMMER INSTRUCTION:

- INSERT DATE/TIME STAMP.

FS001. The next few questions are about whether you feel you have enough money for yourself and the people in your house.

FS017/(PAY_BILLS). How difficult is it for you and your family to pay your bills? Would you say it is...

Very difficult.....	1
Somewhat difficult.....	2
Not very difficult.....	3
Not difficult at all.....	4
REFUSED.....	-1
DON'T KNOW.....	-2

FS021/(WIC). Since {C_FNAME/the child} was born, did you receive benefits from the WIC program, that is, the Women, Infants and Children program?

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

FS023/(FOOD_STAMP). Since {C_FNAME/the child} was born, did you or any members of your household receive Food Stamps (which includes a food stamp card or voucher, or cash grants from the state for food)?

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

FS025/(TANF). Since {C_FNAME/the child} was born, have you or any members of your household received TANF or welfare?

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

HOUSEHOLD COMPOSITION AND DEMOGRAPHICS

(TIME_STAMP_14) PROGRAMMER INSTRUCTION:

- INSERT DATE/TIME STAMP.

HCD001. The next question is about the language spoken to the child.

HCD015/(NONENGLISH_FREQ). How often do you use a language other than English when speaking to {C_FNAME/the child}? Would you say...

INTERVIEWER INSTRUCTION:

- PROBE "We just need to know in general?"

Never.....	1
Sometimes.....	2
Often.....	3
Very often.....	4
REFUSED.....	-1
DON'T KNOW.....	-2

(TIME_STAMP_15) PROGRAMMER INSTRUCTION:

- INSERT DATE/TIME STAMP.

HCD017. 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 data you provide is confidential.

HCD019/(INCOME). Of these income groups, which category best represents your total combined family income during {CURRENT YEAR – 1}?

INTERVIEWER INSTRUCTIONS:

- READ IF NECESSARY - Remember, a family is a group of two or more people who live together and who are related by birth, marriage, or adoption.
- IF USING SHOWCARDS, REFER MOTHER TO APPROPRIATE SHOWCARD. OTHERWISE, READ RESPONSE CATEGORIES TO PARENT/CAREGIVER.

PROGRAMMER INSTRUCTIONS:

- PRELOAD CURRENT YEAR MINUS 1.
- IF USING SHOWCARDS, DISPLAY RESPONSE CATEGORIES IN ALL CAPITAL LETTERS. OTHERWISE, DISPLAY RESPONSE CATEGORIES AS MIXED UPPER/LOWER CASE.

LESS THAN \$4,999.....	1	(FAM_SUPPORT)
\$5,000-\$9,999.....	2	(FAM_SUPPORT)
\$10,000-\$19,999.....	3	(FAM_SUPPORT)
\$20,000-\$29,999.....	4	(FAM_SUPPORT)
\$30,000-\$39,999.....	5	(FAM_SUPPORT)
\$40,000-\$49,999.....	6	(FAM_SUPPORT)
\$50,000-\$74,999.....	7	(FAM_SUPPORT)

\$75,000-\$99,999.....	8	(FAM_SUPPORT)
\$100,000-\$199,999.....	9	(FAM_SUPPORT)
\$200,000OR MORE.....	10	(FAM_SUPPORT)
REFUSED.....	-1	
DON'T KNOW.....	-2	

HCD021/(INCOME2). Thinking about all your family's sources of income, what was your total family income in {LAST CALENDAR YEAR} before taxes? Please note, a family is a group of two or more people who live together and who are related by birth, marriage, or adoption.

\$20,000 or more.....	1	
Less than \$20,000.....	2	
REFUSED.....	-1	(TIME_STAMP_16)
DON'T KNOW.....	-2	(TIME_STAMP_16)

PROGRAMMER INSTRUCTION:

- PRELOAD LAST CALENDAR YEAR.

HCD023/(FAM_SUPPORT). Are there any other family members, not living in this household, who are also supported by this income?

YES.....	1	
NO.....	2	(TIME_STAMP_16)
REFUSED	-1	(TIME_STAMP_16)
DON'T KNOW.....	-2	(TIME_STAMP_16)

HCD025/(FAM_SUPPORT_NUM). How many other family members, not living in this household, are supported by this income?

NUMBER

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

HCD026. Thank you for answering these questions.

(TIME_STAMP_16) 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_17) PROGRAMMER INSTRUCTION:

- INSERT DATE/TIME STAMP