9-Month Interview

Event: 9-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

Version: X.X

Release: MDES 3.0

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9-Month Interview

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INTERVIEWER COMPLETED QUESTIONS

(TIME_STAMP_1) PROGRAMMER INSTRUCTION:
- INSERT DATE/TIME STAMP

PROGRAMMER INSTRUCTIONS:
- PRELOAD PARTICIPANT ID **(P_ID)** FOR CHILD AND RESPONDENT ID **(R_P_ID)** FOR PARENT/CAREGIVER.
- PRELOAD FIRST NAME OF CHILD OR CHILDREN AND DISPLAY APPROPRIATE NAME IN "**C_FNAME**" THROUGHOUT THE INSTRUMENT.
- USE "the child" IN APPROPRIATE FIELDS THROUGHOUT THE INSTRUMENT IF CHILD'S NAME IS REFUSED OR DON'T KNOW.

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

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

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

> |___|___|
> NUMBER OF CHILDREN

PROGRAMMER INSTRUCTIONS:
- IF **CHILD_NUM**=>1, GO TO **CHILD_QNUM** AND LOOP THROUGH QUESTIONAIRE FROM **CHILD_QNUM** THROUGH **TIME_STAMP_4**, THEN GO TO **END.**

IC011/(CHILD_QNUM). WHICH NUMBER CHILD IS THIS QUESTIONNAIRE FOR?

> |___|___|
> NUMBER

PROGRAMMER INSTRUCTION:
- **CHILD_QNUM** CANNOT BE GREATER THAN **CHILD_NUM.**

IC017/(CHILD_SEX). IS {**C_FNAME**} A MALE OR A FEMALE?

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

PROGRAMMER INSTRUCTIONS:
- IF **CHILD_SEX** = 1, DISPLAY "his" AND "he" IN APPROPRIATE FIELDS THROUGHOUT INSTRUMENT.
- IF **CHILD_SEX** = 2, DISPLAY "her" AND "she" IN APPROPRIATE FIELDS THROUGHOUT INSTRUMENT.

IC018/(RESP_REL). WHAT IS THE RELATIONSHIP OF PARENT/CAREGIVER TO CHILD?

MOTHER... 1 **(TIME_STAMP_2)**
FATHER... 2 **(TIME_STAMP_2)**
OTHER.. 3

IC019/(RESP_REL_OTH).

SPECIFY_____

PROGRAMMER INSTRUCTION:

- LIMIT FREE TEXT TO 255 CHARACTERS.

CHILD DEVELOPMENT AND PARENTING

(TIME_STAMP_2) PROGRAMMER INSTRUCTION:
- INSERT DATE/TIME STAMP.

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

CDP011/(EYES_FOLLOW). Follow you with {his/her} eyes?

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

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

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

CDP013/(REACH_1). Try to get a toy that is out of reach?

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

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

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

CDP015/(WAVE). Wave goodbye?

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

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

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

CDP017/(SWITCH_HANDS). Move a toy or block from one hand to the other?

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

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

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

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

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

CDP021/(SOUND_3). Turn toward someone when they're speaking?

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

CDP022/(SPEAK_1). Make sounds as though {he/she} is trying to speak?

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

CDP023/(SPEAK_2). Say mama or dada?

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

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

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

CDP026/(ROLL_2). Roll from back to stomach?

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

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

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

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

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

CDP036/(STAND_ALONE). Stand alone, without holding onto something?

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

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

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

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

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

CDP039/(FORK_SPOON). Try to use a fork or spoon when eating?

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

HEALTH CARE

(TIME_STAMP_3) PROGRAMMER INSTRUCTION:
- INSERT DATE/TIME STAMP.

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

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

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

HL002A/(R_HCARE_OTH).

SPECIFY _____

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

PROGRAMMER INSTRUCTION:

- LIMIT FREE TEXT TO 255 CHARACTERS.

HL003/(C_HEALTH). Would you say {C_FNAME/the child}'s health in general is poor, fair, good, or excellent?

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

PROGRAMMER INSTRUCTIONS:

- IF **RESP_REL** = 1, GO TO **USE_IC_LOG**.

- OTHERWISE, GO TO **HL011**.

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

```
YES.................................................  1  (NUM_PROV_IC_LOG)
NO...................................................   2
REFUSED................................      -1  (HL011)
DON'T KNOW............................      -2  (HL011)
```

HL005/(REASON_NO_IC_LOG). Is that because

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

HL005A/(REASON_NO_IC_LOG_OTH).

```
OTHER: SPECIFY _____  (HL011)
```

PROGRAMMER INSTRUCTION:
• LIMIT TEXT TO 255 CHARACTERS.

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

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

HL008/(NUM_PROV_IC_LOG). How many health care providers has the child seen since using this Infant and Child Health Care Log?

```
          |___|___|
     NUMBER OF PROVIDERS


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

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

```
          |___|___|
     NUMBER OF CONTACTS


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

PROGRAMMER INSTRUCTION:
- DISPLAY TEXT IN BRACKETS IF **USE_IC_LOG** = 1.

HL012/(LAST_VISIT_MM)(LAST_VISIT_DD)(LAST_VISIT_YY). What was the date of {C_FNAME/the child}'s most recent well-child visit or checkup?

MONTH:
|___|___|
  M M

HAS NOT HAD A VISIT................................-7 **(SAME_CARE)**
REFUSED.. -1 **(SAME_CARE)**
DON'T KNOW.. -2

DAY:
|___|___|
  D D

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

YEAR:
|___|___|___|___|
 Y   Y   Y   Y

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

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

HL013/(VISIT_WT). What was {C_FNAME/the child}'s weight at that visit?

|___|___|
POUNDS

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

PROGRAMMER INSTRUCTIONS:
- INCLUDE A SOFT EDIT IF WEIGHT < 13 OR > 26 POUNDS.
- IF **USE_IC_LOG** = 1, GO TO **HL014**.
- OTHERWISE, GO TO **SAME_CARE**

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

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

```
YES.................................................  1   (HOSPITAL)
NO...................................................  2
HAS NOT BEEN SICK.....................  -7   (TIME_STAMP_4)
REFUSED........................................  -1
DON'T KNOW.................................  -2
```

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

```
Clinic or health center..................................................... 1   (HOSPITAL)
    ...................................................................................
Doctor's office or Health Maintenance Organization (HMO)…… 2   (HOSPITAL)
    ...................................................................................
Hospital emergency room............................................... 3   (HOSPITAL)
    ...................................................................................
Hospital outpatient department...................................... 4   (HOSPITAL)
    ...................................................................................
Some other place............................................................ -5
DOESN'T GO TO ONE PLACE MOST OFTEN......................... 6   (HOSPITAL)
    ...................................................................................
HAS NOT BEEN SICK................................................. -7   (TIME_STAMP_4)
    ...................................................................................
REFUSED ...................................................................... -1   (HOSPITAL)
    ...................................................................................
DON'T KNOW................................................................ -2   (HOSPITAL)
    ...................................................................................
```

HL017/(HCARE_SICK_OTH).

SPECIFY _____

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

PROGRAMMER INSTRUCTION:

- LIMIT FREE TEXT TO 255 CHARACTERS.

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

YES... 1
NO... 2 **(TIME_STAMP_4)**
REFUSED.. -1 **(TIME_STAMP_4)**
DON'T KNOW.................................... -2 **(TIME_STAMP_4)**

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

HL019/(HOSPITAL_TIMES). How many times since {DATE OF LAST INTERVIEW} has {C_FNAME/the child} spent at least one night in the hospital?

|___|___|
TIMES

REFUSED.. -1 **(TIME_STAMP_4)**
DON'T KNOW.................................... -2 **(TIME_STAMP_4)**

PROGRAMMER INSTRUCTIONS:
- IF 6-MONTH INTERVIEW SET TO COMPLETE, PRELOAD 6-MONTH INTERVIEW DATE FOR DATE OF LAST INTERVIEW.
- IF 6-MONTH INTERVIEW NOT SET TO COMPLETE, PRELOAD DATE OF MOST RECENT CHILD INTERVIEW FOR DATE OF LAST INTERVIEW.
- LOOP THROUGH **ADMIN_DATE_MM, ADMIN_DATE_DD, ADMIN_DATE_YY, HOSP_NIGHTS, DIAGNOSE**, **DIAGNOSE_OTH** (IF **DIAGNOSE** = 1)**,** AND **HL024** (IF **USE_IC_LOG**=1) FOR EACH HOSPITAL ADMISSION.
- TOTAL NUMBER OF LOOPS SHOULD EQUAL VALUE ENTERED IN **HOSPITAL**.
- AFTER COMPLETING FINAL LOOP, GO TO **TIME_STAMP_4**.

HL020/(ADMIN_DATE_MM)(ADMIN_DATE_DD)(ADMIN_DATE_YY). What was the admission date of {C_FNAME/the child}'s {most recent/next most recent} hospital stay?

MONTH:
|___|___|
  M   M

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

DAY:
|___|___|
  D   D

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

YEAR:

|___|___|___|___|
  Y   Y   Y   Y

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

HL021/(HOSP_NIGHTS). How many nights did {C_FNAME/the child} stay in the hospital during this hospital stay?

|___|___|___|
NUMBER OF NIGHTS

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

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

HL023/(DIAGNOSE_OTH). What was the diagnosis?

_____
DIAGNOSES

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

HL024. <mark>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.</mark>

(TIME_STAMP_4) PROGRAMMER INSTRUCTION:
- INSERT DATE/TIME STAMP.

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

(TIME_STAMP_5) PROGRAMMER INSTRUCTION:
- INSERT DATE/TIME STAMP.