

24-Month Interview

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| **Respondent:** | Parent/Caregiver |
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**24-Month Interview**

**TABLE OF CONTENTS**

[INTERVIEWER-COMPLETED QUESTIONS 1](#_Toc320961768)

[DEMOGRAPHICS 3](#_Toc320961769)

[SLEEP 13](#_Toc320961770)

[CHILD CARE ARRANGEMENTS 15](#_Toc320961771)

[HEALTH CARE 18](#_Toc320961772)

[MEDICAL CONDITIONS 24](#_Toc320961773)

[MEDICATIONS 27](#_Toc320961774)

[HEALTH INSURANCE 33](#_Toc320961775)

[PRODUCT USE 35](#_Toc320961776)

[MATERNAL BEHAVIORS 36](#_Toc320961777)

[PETS 41](#_Toc320961778)

[IN-HOME EXPOSURES 43](#_Toc320961779)

[HOUSING CHARACTERISTICS 46](#_Toc320961780)

[NEIGHBORHOOD CHARACTERISTICS 48](#_Toc320961781)

24-Month Interview

INTERVIEWER-COMPLETED QUESTIONS

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

* INSERT DATE/TIME STAMP

PROGRAMMER INSTRUCTIONS:

* PRELOAD ALL PARTICIPANT IDS **(P\_ID)** AND RESPONDENT IDS **(R\_P\_ID).**
* PRELOAD FIRST NAME OF CHILD OR CHILDREN AND DISPLAY APPROPRIATE NAME IN “**C\_FNAME**” THROUGHOUT THE INSTRUMENT.
* OTHERWISE, USE “the child” IN APPROPRIATE FIELDS THROUGHOUT THE INSTRUMENT IF **C\_FNAME** IS REFUSED OR DON’T KNOW.

IC001/(MULT\_CHILD). IS THERE MORE THAN ONE CHILD IN THIS HOUSEHOLD ELIGIBLE FOR THE 24 MONTH INTERVIEW TODAY?

YES 1

NO 2 **(CHILD\_SEX)**

IC005/(CHILD\_NUM). HOW MANY CHILDREN IN THIS HOUSEHOLD ARE ELIGIBLE FOR THE 24 MONTH INTERVIEWTODAY?

|\_\_\_|\_\_\_|

NUMBER OF CHILDREN

**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 **DRINK**.

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

|\_\_\_|\_\_\_|

 NUMBER

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

SPECIFY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROGRAMMER INSTRUCTIONS:**

* LIMIT TEXT TO 255 CHARACTERS.
* IF **CHILD\_QNUM** = 1 AND **RESP\_REL** = 1, GO TO **HHCOMP\_CHANGE.**
* 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\_3**.

DEMOGRAPHICS

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

* INSERT DATE/TIME STAMP

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, not including the child?

|\_\_\_|\_\_\_|

NUMBER OF PERSONS

REFUSED -1 **(SL001)**

DON’T KNOW -2 **(SL001)**

**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 does include activation, for example, for the Persian Gulf War.

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

**PROGRAMMER INSTRUCTIONS:**

* 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** = 1ANDEITHER **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 **SL001**.

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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FIRST NAME

REFUSED -1

DON’T KNOW -2

**PROGRAMMER INSTRUCTIONS:**

* IF FIRST LOOP CYCLE, DISPLAY “What are the names of all the persons…”
* IF SUBSEQUENT LOOP CYCLE, DISPLAY “What is the name of the next person…”

**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\_OTH\_2)**

REFUSED -1 **(HH\_MEM\_DOB)**

DON’T KNOW -2 **(HH\_MEM\_DOB)**

PROGRAMMER INSTRUCTION:

* DISPLAY F\_NAME.

DE025/(CHILD\_RELAT\_OTH\_1).

SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REFUSED -1

DON’T KNOW -2

**PROGRAMMER INSTRUCTIONS:**

* LIMIT TEXT TO 255 CHARACTERS.
* GO TO **HH\_MEM\_DOB**.

DE030/(CHILD\_RELAT\_OTH\_2).

SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REFUSED -1

DON’T KNOW -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: |\_\_\_|\_\_\_|

 M M

DAY: |\_\_\_|\_\_\_|

 D D

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

 Y Y Y Y

REFUSED -1

DON’T KNOW -2

**PROGRAMMER INSTRUCTIONS:**

* FORMAT **HH\_MEM\_DOB** AS YYYYMMDD.
* DISPLAY **F\_NAME**.
* IF **MILITARY\_HH** = 1 AND,
	+ 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:
	+ IF NUMBER OF COMPLETED LOOPS < **NUM\_HH**, GO TO **FNAME\_HH.**
	+ IF NUMBER OF COMPLETED LOOPS = **NUM\_HH**, GO TO **SL001**.

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 does 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:
	+ IF NUMBER OF COMPLETED LOOPS < **NUM\_HH**, GO TO **FNAME\_HH.**
	+ IF NUMBER OF COMPLETED LOOPS = **NUM\_HH**, GO TO **SL001.**

**DE040/(BRANCH\_SERV).** What {is/was} his or her branch of service?

Air Force, 1

Army, 2

Marine Corps, 3

Navy, or 4

Coast Guard? 5

NOT IN U.S. ARMED FORCES -7

REFUSED -1

DON’T KNOW -2

PROGRAMMER INSTRUCTIONS:

* 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 **SL001**.

DE045/(HHCOMP\_CHANGE). Have there been any changes in your household members since the last interview?

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

DE046/(HHCOMP\_CHANGE\_MIL). Have there been any changes in military status of any household members since the last interview? This includes joining or leaving the military.

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

**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 **SL001.**

DE050/(HH\_CHANGE\_ROSTER). We have listed that [READ NAMES FROM MATRIX] lived in this household since the last interview. 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 1

NO 2

REFUSED -1

DON’T KNOW -2

**PROGRAMMER INSTRUCTIONS:**

* 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

**PROGRAMMER INSTRUCTIONS:**

* 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 **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**.
	+ 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 **SL001**.

DE055/(OTHER\_CHANGE\_ROSTER). In addition to the people discussed earlier, are there any persons living in the household that we have not mentioned?

YES 1

NO 2 **(SL001)**

REFUSED -1 **(SL001)**

DON’T KNOW -2 **(SL001)**

DE060/(NUM\_CHANGE\_HH). How many persons are currently living in or staying in this this household that were not listed above?

|\_\_\_|\_\_\_|

NUMBER OF PERSONS

REFUSED -1 **(SL001)**

DON’T KNOW -2 **(SL001)**

**DE062/(MILITARY\_HH\_CHANGE).** Have any of these persons who are now living or staying in this household 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 does include activation, for example, for the Persian Gulf War.

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

**PROGRAMMER INSTRUCTIONS:**

* LOOP THROUGH **FNAME\_CHANGE\_ROSTER**, **CHILD\_RELAT\_CHANGE, CHILD\_RELAT\_CHANGE\_OTH\_1** (IF **CHILD\_RELAT\_CHANGE\_OTH** = 7), **CHILD\_RELAT\_OTH\_CHANGE\_2** (IF **CHILD\_RELAT\_CHANGE** = 8), **HH\_MEM\_DOB**

**\_CHANGE**, **ACTIVE\_DUTY\_CHANGE** (IF **MILITARY\_HH\_CHANGE** = 1ANDEITHER **HH\_MEM\_AGE\_CHANGE** ≥ 18 YEARS OR **HH\_MEM\_DOB\_CHANGE** = -1 OR -2), AND **BRANCH\_SERV\_CHANGE** (IF **ACTIVE\_DUTY\_CHANGE** = 1, 2 OR 3) UNTIL NUMBER OF LOOPS = **NUM\_CHANGE\_HH.**

* THEN GO TO **SL001**.

DE065/(FNAME\_CHANGE\_ROSTER). {Start with the name of the person, or one of the persons, who lives or stays in this home}/{What is the name of the next person living or staying here?}

**INTERVIEWER INSTRUCTIONS:**

* ADD NEW HH MEMBERS AND RELATIONSHIP TO CHILD AS NEEDED.
* CONFIRM SPELLING.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FIRST NAME

REFUSED -1

DON’T KNOW -2

**PROGRAMMER INSTRUCTIONS:**

* IF FIRST LOOP CYCLE, DISPLAY “Start with the name of the person…”
* IF SUBSEQUENT LOOP CYCLE, DISPLAY “What is the name of the next person…”

**DE070/(CHILD\_RELAT\_CHANGE).** How is {F\_NAME} related to the child?

MOTHER 1 **(HH\_MEM\_DOB\_CHANGE)**

FATHER 2 **(HH\_MEM\_DOB\_CHANGE)**

GRANDMOTHER 3 **(HH\_MEM\_DOB\_CHANGE)**

GRANDFATHER 4 **(HH\_MEM\_DOB\_CHANGE)**

SISTER 5 **(HH\_MEM\_DOB\_CHANGE)**

BROTHER 6 **(HH\_MEM\_DOB\_CHANGE)**

OTHER RELATIVE 7

OTHER NON-RELATIVE 8 **(CHILD\_RELATE\_CHANGE\_OTH\_2)**

REFUSED -1 **(HH\_MEM\_DOB\_CHANGE)**

DON’T KNOW -2 **(HH\_MEM\_DOB\_CHANGE)**

**PROGRAMMER INSTRUCTION:**

* DISPLAY **F\_NAME**.

DE075/(CHILD\_RELATE\_CHANGE\_OTH\_1).

SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REFUSED -1

DON’T KNOW -2

**PROGRAMMER INSTRUCTIONS:**

* LIMIT FREE TEXT TO 255 CHARACTERS.
* GO TO **HH\_MEM\_DOB\_CHANGE**.

DE080/(CHILD\_RELATE\_CHANGE\_OTH\_2).

SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REFUSED -1

DON’T KNOW -2

**PROGRAMMER INSTRUCTION:**

* LIMIT FREE TEXT TO 255 CHARACTERS.

DE032/(HH\_MEM\_DOB\_CHANGE). 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: |\_\_\_|\_\_\_|

 M M

DAY: |\_\_\_|\_\_\_|

 D D

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

 Y Y Y Y

REFUSED -1

DON’T KNOW -2

**PROGRAMMER INSTRUCTIONS:**

* FORMAT **HH\_MEM\_DOB\_CHANGE** AS YYYYMMDD.
* DISPLAY **F\_NAME**.
* IF **MILITARY\_HH\_CHANGE** = 1 AND,
	+ VALID RESPONSE PROVIDED FOR **HH\_MEM\_DOB\_CHANGE**, CALCULATE 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**.
	+ IF VALID RESPONSE NOT PROVIDED FOR **HH\_MEM\_DOB\_CHANGE**, GO TO **ACTIVE\_DUTY\_CHANGE**
* IF NUMBER OF COMPLETED LOOPS < **NUM\_CHANGE\_HH**, GO TO **FNAME\_CHANGE\_ROSTER.**
* OTHERWISE, IF NUMBER OF COMPLETED LOOPS = **NUM\_CHANGE\_HH**, GO TO **SL001.**

DE085/(ACTIVE\_DUTY\_CHANGE). 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 does 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 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:
	+ 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 **SL001.**
* IF **HHCOMP\_CHANGE** = 1, AND **HHCOMP\_CHANGE\_MIL** = 1:
	+ 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:
	+ IF NUMBER OF COMPLETED LOOPS < **NUM\_CHANGE\_HH**, GO TO **FNAME\_CHANGE\_ROSTER.**
	+ IF NUMBER OF COMPLETED LOOPS = **NUM\_CHANGE\_HH**, GO TO **SL001.**

**DE090/(BRANCH\_SERV\_CHANGE).** What {is/was} his or her branch of service?

Air Force, 1

Army, 2

Marine Corps, 3

Navy, or 4

Coast Guard? 5

NOT IN U.S. ARMED FORCES -7

REFUSED -1

DON’T KNOW -2

PROGRAMMER INSTRUCTIONS:

* 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:
	+ IF NUMBER OF COMPLETED LOOPS < **NUM\_HH,** GO TO **ACTIVE\_DUTY\_CHANGE.**
	+ IF NUMBER OF COMPLETED LOOPS = **NUM\_HH,** GO TO **SL001.**
* IF **HHCOMP\_CHANGE** = 1, AND **HHCOMP\_CHANGE\_MIL** = 1:
	+ IF NUMBER OF COMPLETED LOOPS < **NUM\_HH,** GO TO **HH\_CHANGE\_ROSTER.**
	+ 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 **SL001**.

SLEEP

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?

|\_\_\_|\_\_\_|

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

REFUSED -1

DON’T KNOW -2

AM 1

PM 2

**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

REFUSED -1

DON’T KNOW -2

AM 1

PM 2

**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”.

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

Once per night 4

More than once per night 5

REFUSED -1

DON’T KNOW -2

SL025/(TV\_FREQ\_HRS). Over the past 30 days, on average, how many hours per day did {C\_FNAME/the child} sit and watch TV and/or DVDs? Would you say

Less than 1 hour, 1

2 hours, 2

3 hours, 3

4 hours, 4

5 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\_3) PROGRAMMER INSTRUCTION:**

* INSERT DATE/TIME STAMP

CC001/(CHILDCARE\_CHANGE). Has there been a change in childcare arrangements {for C\_FNAME/the child} since our last interview?

YES 1

NO 2 **(**[**TIME\_STAMP\_4**](#TIME_STAMP_4)**)**

REFUSED -1 **(**[**TIME\_STAMP\_4**](#TIME_STAMP_4)**)**

DON’T KNOW -2 **(**[**TIME\_STAMP\_4**](#TIME_STAMP_4)**)**

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\_4**](#TIME_STAMP_4)**)**

REFUSED -1 **(**[**TIME\_STAMP\_4**](#TIME_STAMP_4)**)**

DON’T KNOW -2 **(**[**TIME\_STAMP\_4**](#TIME_STAMP_4)**)**

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**](#HOMECARE)**)**

REFUSED -1 **(CC014)**

DON’T KNOW -2 **(**[**CC014**](#HOMECARE)**)**

CC011/(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

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**](#DAYCARE)**)**

REFUSED -1 **(**[**CC023**](#DAYCARE)**)**

DON’TKNOW -2 **(**[**CC023**](#DAYCARE)**)**

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:**

* 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 1

NO 2 **(**[**TIME\_STAMP\_4**](#TIME_STAMP_4)**)**

REFUSED -1 **(**[**TIME\_STAMP\_4**](#TIME_STAMP_4)**)**

DON’T KNOW -2 **(**[**TIME\_STAMP\_4**](#TIME_STAMP_4)**)**

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

DON’T KNOW -2

**PROGRAMMER INSTRUCTION:**

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

Health Care

**(****TIME\_STAMP\_4) 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 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)**

HL004A/(R\_HCARE\_OTH).

SPECIFY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REFUSED -1

DON’T KNOW -2

**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 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 **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 3 **(HL011)**

The log was too much trouble to complete, or 4 **(HL011)**

The log was too difficult to understand? 5 **(HL014)**

OTHER (SPECIFY): 6

REFUSED -1 **(HL011)**

DON’T KNOW -2 **(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 PROVIDERS

REFUSED -1

DON’T KNOW -2

HL013/(NUM\_PROV\_REC). Of those providers that the child has seen, for how many providers have you recorded their contact information such as address or phone number?

|\_\_\_|\_\_\_|

NUMBER OF CONTACTS

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 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.

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: |
| |\_\_\_|\_\_\_| |
|  M M |

HAS NOT HAD A VISIT -7 **(HOSPTIAL)**

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

HL016/(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 < 20 OR > 35 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\_5**](#TIME_STAMP_5)**)**

REFUSED -1 **(**[**TIME\_STAMP\_5**](#TIME_STAMP_5)**)**

DON’T KNOW -2 **(**[**TIME\_STAMP\_5**](#TIME_STAMP_5)**)**

**PROGRAMMER INSTRUCTIONS**:

* IF 18-MONTH INTERVIEW SET TO COMPLETE, PRELOAD 18-MONTH INTERVIEW DATE FOR DATE OF LAST INTERVIEW.
* IF 18-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\_STA**](#TIME_STAMP_5)**MP\_5)**

DON’T KNOW -2 **(**[**TIME\_ST**](#TIME_STAMP_5)**AMP\_5)**

**PROGRAMMER INSTRUCTIONS**:

* IF 18-MONTH INTERVIEW SET TO COMPLETE, PRELOAD 18-MONTH INTERVIEW DATE FOR DATE OF LAST INTERVIEW.
* IF 18-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\_5**.

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

|  |
| --- |
| MONTH: |
| |\_\_\_|\_\_\_| |
|  M M |

REFUSED -1

DON’T KNOW -2

|  |
| --- |
| DAY: |
| |\_\_\_|\_\_\_| |
|  D D |

REFUSED -1

DON’T KNOW -2

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

REFUSED -1

DON’T KNOW -2

**PROGRAMMER INSTRUCTIONS**:

* IF FIRST LOOP, DISPLAY “most recent”.
* OTHERWISE, DISPLAY “next most recent”.

INTERVIEWER INSTRUCTIONS:

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

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

|\_\_\_|\_\_\_|\_\_\_|

NUMBER OF NIGHTS

REFUSED -1

DON’T KNOW -2

**INTERVIEWER INSTRUCTION:**

* CONFIRM RESPONSE.

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

YES 1

NO 2 **(**[**HL024**](#TIME_STAMP_5)**)**

REFUSED -1 **(**[**HL024**](#TIME_STAMP_5)**)**

DON’T KNOW -2 **(**[**HL024**](#TIME_STAMP_5)**)**

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

INTERVIEWER INSTRUCTIONS:

* ENTER ALL DIAGNOSES IN FIELD SEPARATED BY COMMAS OR AN “AND”.
* **PROBE**: “Anything else?”

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DIAGNOSES

REFUSED -1

DON’T KNOW -2

**PROGRAMMER INSTRUCTION:**

* LIMIT TEXT TO 255 CHARACTERS.

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\_5) 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?”

|\_\_\_|\_\_\_|

NUMBER OF DAYS

**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/(ASTHMA). Has a doctor ever told you that {C\_FNAME/the child} has asthma?

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

MC017/(EYESIGHT). Has a doctor ever told you that {C\_FNAME/the child} has difficulty seeing, including nearsightedness or farsightedness?

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

MC018/(DEAF). Has a doctor ever told you that {C\_FNAME/the child} has difficulty hearing or deafness? Do not include a temporary loss of hearing due to a cold or congestion.

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

MC024/(IHMOB). Does {C\_FNAME/the child} have an impairment or health problem that limits {his/her} ability to crawl, walk, run, or play?

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

**MC025/(STATIC\_\_COND).** Looking at this list, has a doctor or health professional ever told you that {C\_FNAME/the child} had any of these conditions?

INTERVIEWER INSTRUCTIONS:

* IF USING SHOWCARDS, REFER PARENT/CAREGIVER TO APPROPRIATE SHOWCARD.
* OTHERWISE, READ RESPONSE CATEGORIES TO PARENT/CAREGIVER.
* SELECT ALL THAT APPLY

PROGRAMMER INSTRUCTIONS:

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

DOWN SYNDROME 1

CEREBRAL PALSY 2

MUSCULAR DYSTROPY 3

CYSTIC FIBROSIS 4

SICKLE CELL ANEMIA 5

ARTHRITIS 6

CONGENITAL HEART DISEASE 7

OTHER HEART CONDITION -5

REFUSED -1

DON’T KNOW -2

**PROGRAMMER INSTRUCTIONS:**

* IF **STATIC\_COND** CODED WITH ANY COMBINATION OF VALUES 1-7, THEN GO TO **TIME\_STAMP\_6**.
* IF **STATIC\_COND** CODED -5, OR ANY COMBINATION OF VALUES 1-7 AND -5, GO TO **STATIC\_COND\_OTH**.
* IF **STATIC\_COND** CODED -1 OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES AND GO TO **TIME\_STAMP\_6**.

**MC026/(STATIC\_COND\_OTH).**

SPECIFY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REFUSED -1

DON’T KNOW -2

**PROGRAMMER INSTRUCTION:**

* LIMIT TEXT TO 255 CHARACTERS.

mEDICATIONS

**(TIME\_STAMP\_6) 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**](#MD008)**)**

REFUSED -1 **(**[**MED008**](#MD008)**)**

DON’T KNOW -2 **(**[**MED008**](#MD008)**)**

MED004/(PRESCRMED). Please list the name of all prescription medicines 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.

REFUSED -1 **(**[**MED008**](#MD008)**)**

DON’T KNOW -2 **(**[**MED008**](#MD008)**)**

**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, DISPLAY **INTRO\_PRESCRMED\_1**. OTHERWISE, DISPLAY **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 **(PRESCR\_TAKESTILL)**

Inhaled either by mouth or nose, 2 **(PRESCR\_TAKESTILL)**

Injected, 3 **(PRESCR\_TAKESTILL)**

Applied to the skin, such as a patch or creams, or 4 **(PRESCR\_TAKESTILL)**

Some other way? 5

REFUSED -1 **(PRESCR\_TAKESTILL)**

DON’T KNOW -2 **(PRESCR\_TAKESTILL)**

**MED005A/(PRESCR\_ADMIN\_OTH).**

SPECIFY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REFUSED -1

DON’T KNOW -2

**PROGRAMMER INSTRUCTION:**

* LIMIT TEXT TO 255 CHARACTERS.

MED006/(PRESCR\_TAKESTILL). Is {C\_FNAME/the child} still taking the {PRESCRMED}?

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

MED007/(PRESCRIP\_FREQ/PRESCRIP\_FREQ\_UNIT). How often {does/did} {C\_FNAME/the child} use or take {PRESCRMED}?

**PROGRAMMER INSTRUCTION:**

* If **PRESCR\_TAKESTILL** = 1, DISPLAY “DOES”; OTHERWISE, DISPLAY “DID”

|\_\_\_|\_\_\_|

ENTER NUMBER

REFUSED -1

DON’T KNOW -2

ENTER UNIT

PER DAY 1

PER WEEK 2

PER MONTH 3

PER YEAR 4

AS NEEDED 5

MED008. Now I’d like to ask about non-prescription medications, over the counter medications, and dietary supplements that {C\_FNAME/the child} may have taken in the last 30 days.

MED009/(OTC\_TAKE). Has {C\_FNAME/the child} used or taken any non-prescription medicines 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**](#MD014)**)**

REFUSED -1 **(**[**MED014**](#MD014)**)**

DON’T KNOW -2 **(**[**MED014**](#MD014)**)**

MED010/(OTCMED). Please list the name of all non-prescription medicines 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REFUSED -1 **(**[**MED014**](#MD014)**)**

DON’T KNOW -2 **(**[**MED014**](#MD014)**)**

**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, DISPLAY **INTRO\_OTCMED\_1**. OTHERWISE, DISPLAY **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**}.

**MED0010B/(INTRO\_OTCMED\_2\_10).** Now let’s talk about the {**OTCMED**}.

MED011/(OTC\_ADMIN). How is the {OTCMED} taken?

By mouth, 1 **(OTC\_TAKESTILL)**

Inhaled either by mouth or nose, 2 **(OTC\_TAKESTILL)**

Injected, 3 **(OTC\_TAKESTILL)**

Applied to the skin, such as a patch or creams, or 4 **(OTC\_TAKESTILL)**

Some other way? 5

REFUSED -1 **(OTC\_TAKESTILL)**

DON’T KNOW -2 **(OTC\_TAKESTILL)**

**MED011A/(OTC\_ADMIN\_OTH).**

SPECIFY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REFUSED -1

DON’T KNOW -2

**PROGRAMMER INSTRUCTION:**

* LIMIT TEXT TO 255 CHARACTERS.

MED012/(OTC\_TAKESTILL). Is {C\_FNAME/the child} still taking {OTCMED}?

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

MED013/(OTC\_FREQ/OTC\_FREQ\_UNIT). How often {does/did} {C\_FNAME/the child} use or take {OTCMED}?

**PROGRAMMER INSTRUCTION:**

* If **OTC\_TAKESTILL** = 1, DISPLAY “DOES”; OTHERWISE, DISPLAY “DID”

|\_\_\_|\_\_\_|

ENTER NUMBER

REFUSED -1

DON’T KNOW -2

ENTER UNIT

PER DAY 1

PER WEEK 2

PER MONTH 3

PER YEAR 4

AS NEEDED 5

MED014. Now I would like to ask about dietary supplements.

MED015/(SUPPL\_TAKE). Has {C\_FNAME/the child} used or taken any vitamins, minerals, herbals, or other dietary supplements in the past 30 days? Please include prescription vitamins and minerals in your answer.

YES 1

NO 2 **(**[**TIME\_STAMP\_7**](#TIME_STAMP_7)**)**

REFUSED -1 **(**[**TIME\_STAMP\_7**](#TIME_STAMP_7)**)**

DON’T KNOW -2 **(**[**TIME\_STAMP\_7**](#TIME_STAMP_7)**)**

**PROGRAMMER INSTRUCTIONS:**

* LOOP THROUGH **SUPPLMED**, **SUPPL\_ADMIN** THROUGH **SUPPL\_FREQ /SUPPL\_FREQ\_UNIT** FOR EACH SUPPLEMENT IN **SUPPLMED**
* IF FIRST LOOP, DISPLAY **INTRO\_SUPPLMED\_1**. OTHERWISE, DISPLAY **INTRO\_SUPPLMED\_2\_10.**
* FOR **INTRO\_SUPPLMED\_1, INTRO\_SUPPLMED\_2\_10**, **SUPPL\_ADMIN**, **SUPPL\_TAKESTILL** and **SUPPL\_FREQ** INSERT CORRECT MEDICATION **SUPPL MED** for appropriate cycle**.**

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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REFUSED -1 **(**[**TIME\_STAMP\_7**](#TIME_STAMP_7)**)**

DON’T KNOW -2 **(**[**TIME\_STAMP\_7**](#TIME_STAMP_7)**)**

**PROGRAMMER INSTRUCTIONS:**

* LIMIT TEXT TO 100 CHARACTERS PER MEDICATION.
* LOOP THROUGH **SUPPL\_ADMIN** THROUGH **SUPPL\_FREQ/SUPPL\_FREQ\_UNIT** FOR EACH PRESCRIPTION.
* IF FIRST LOOP, DISPLAY **INTRO\_SUPPLMED\_1**. OTHERWISE, DISPLAY **INTRO**\_**SUPPLMED\_2\_10**.
* FOR **INTRO\_SUPPLMED\_1,** **INTRO\_SUPPLMED\_2\_10**, **SUPPL\_ADMIN**, **SUPPL\_TAKESTILL** and **SUPPL\_FREQ** INSERT CORRECT MEDICATION **SUPPLMED** 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, 1 **(SUPPL\_TAKESTILL)**

Inhaled either by mouth or nose, 2 **(SUPPL\_TAKESTILL)**

Injected, 3 **(SUPPL\_TAKESTILL)**

Applied to the skin, such as a patch or creams, or 4 **(SUPPL\_TAKESTILL)**

Some other way? 5

REFUSED -1 **(SUPPL\_TAKESTILL)**

DON’T KNOW -2 **(SUPPL\_TAKESTILL)**

**MED017A/(SUPPL\_ADMIN\_OTH).**

SPECIFY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REFUSED -1

DON’T KNOW -2

**PROGRAMMER INSTRUCTION:**

* LIMIT TEXT TO 255 CHARACTERS.

MED018/(SUPPL\_TAKESTILL). Is {C\_FNAME/the child} still taking {SUPPLMED}?

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

MED019/(SUPPL\_FREQ/SUPPL\_FREQ\_UNIT). How often {does/did} {C\_FNAME/the child} use or take {SUPPLMED}?

**PROGRAMMER INSTRUCTION:**

* IF **SUPPL\_TAKESTILL** = 1, DISPLAY “DOES”; OTHERWISE, DISPLAY “DID”

|\_\_\_|\_\_\_|

ENTER NUMBER

REFUSED -1

DON’T KNOW -2

ENTER UNIT

PER DAY 1

PER WEEK 2

PER MONTH 3

PER YEAR 4

AS NEEDED 5

HEALTH INSURANCE

**(****TIME\_STAMP\_7) PROGRAMMER INSTRUCTION:**

* INSERT DATE/TIME STAMP

HI001. Now I’m going to switch to another subject and ask about health insurance.

HI004/(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

REFUSED -1

DON’T KNOW -2

**PROGRAMMER INSTRUCTIONS:**

* IF **INSURE** = 2, -1, OR -2, GO TO PROGRAMMER INSTRUCTIONS FOLLOWING **INS\_OTH**.
* OTHERWISE, GO TO **HI007**.

HI007. Now I’ll read a list of different types of insurance. Please tell me which types {C\_FNAME/the child} currently has. Is {C\_FNAME/the child} currently covered by

**INTERVIEWER INSTRUCTION:**

* RE-READ INTRODUCTORY STATEMENT AS NEEDED

HI010/(INS\_EMPLOY). Private insurance, that is health insurance obtained through employment or unions or purchased directly?

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

**HI011/(INS\_MEDICAID)**. Medicaid or the State Children’s Health Insurance Program, S-CHIP? In this state, the program is sometimes called [FILL MEDICAID NAME, SCHIP NAME]?

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

**INTERVIEWER INSTRUCTION:**

* PROVIDE EXAMPLES OF LOCAL MEDICAID/S-CHIP PROGRAMS

HI012/(INS\_TRICARE). TRICARE, VA, or other military health care?

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

HI013/(INS\_IHS). Indian Health Service?

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

**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 2

BOTH {C\_FNAME/the child} AND SOMEONE ELSE 3

REFUSED -1

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:**

* LIMIT TEXT TO 255 CHARACTERS.

MATERNAL BEHAVIORS

**PROGRAMMER INSTRUCTIONS:**

* IF **CHILD\_QNUM** =1, GO TO **TIME\_STAMP\_9**.
* IF **CHILD\_QNUM** > 1, GO TO **SMOKE\_HOURS**.
* IF **RESP\_REL** = 2 AND **MULT\_CHILD** = 1 AND **CHILD\_NUM** ≠ **CHILD\_QNUM**, GO TO **CHILD\_QNUM.**
* 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

**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 1

NO 2 **(R\_SMOKE)**

REFUSED -1 **(R\_SMOKE)**

DON’T KNOW -2 **(R\_SMOKE)**

**MB004/(WORK\_CURRENTLY)** Are you currently employed?

YES 1

NO 2 **(R\_SMOKE)**

REFUSED -1 **(R\_SMOKE)**

DON’T KNOW -2 **(R\_SMOKE)**

PROGRAMMER INSTRUCTIONS:

* IF WORK\_NAME COLLECTED PREVIOUSLY AND VALID WORK NAME PROVIDED, GO TO WORK\_NAME\_CONFIRM.
* IF WORK\_NAME NOT COLLECTED PREVIOUSLY OR VALID WORK NAME NOT PROVIDED, GO TO WORK\_NAME.
* OTHERWISE, GO TO PROGRAMMER INSTRUCTIONS FOLLOWING WORK\_NAME.

MB004A/(WORK\_NAME\_CONFIRM). Let me confirm the name of the place where you work. I have it as {PARENT/CAREGIVER’S WORK PLACE NAME}. Is this correct?

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

**PROGRAMMER INSTUCTIONS:**

* PRELOAD WORK NAME.
* IF WORK\_NAME\_CONFIRM =1, GO TO PROGRAMMER INSTRUCTIONS FOLLOWING WORK\_NAME.
* OTHERWISE, IF WORK\_NAME\_CONFIRM = - 2, -1, OR -2, GO TO WORK\_NAME.

MB004B/(WORK\_NAME). What is the name of the place where you work?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REFUSED -1

DON’T KNOW -2

**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 WORK\_HRS.

MB004C/(WORK\_ADDRESS\_VARIABLES). ENTER ADDRESS

**INTERVIEWER INSTRUCTION:**

* PROBE AND ENTER AS MUCH INFORMATION AS PARENT/CAREGIVER KNOWS.

**(WORK\_ADDRESS\_1)** ADDRESS 1 - STREET/PO BOX

**(WORK\_ADDRESS\_2)** ADDRESS 2

**(WORK\_UNIT)** UNIT

**(WORK\_CITY)** CITY

|\_\_\_|\_\_\_| |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_| |\_\_\_|\_\_\_|\_\_\_|\_\_\_

 STATE ZIP CODE ZIP+4

**(WORK\_STATE) (WORK\_ZIP) (WORK\_ZIP4)**

REFUSED -1

DON’T KNOW -2

**PROGRAMMER INSTRUCTION:**

* GO TO **WORK\_HRS**.

MB004D/(WORK\_ADDRESS\_VARIABLES\_CONFIRM) Let me confirm your work address. I have it as {PARENT/CAREGIVER’S WORK ADDRESS}.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(WORK\_ADDRESS\_1A)** ADDRESS 1 - STREET/PO BOX

**(WORK\_ADDRESS\_2A)** ADDRESS 2

**(WORK\_UNITA)** UNIT

**(WORK\_CITYA)** CITY

|\_\_\_|\_\_\_| |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_| |\_\_\_|\_\_\_|\_\_\_|\_\_\_

 STATE ZIP CODE ZIP+4

**(WORK\_STATEA) (WORK\_ZIPA) (WORK\_ZIP4A)**

REFUSED -1

DON’T KNOW -2

**PROGRAMMER INSTRUCTION:**

* PRELOAD **WORK ADDRESS**; ALLOW INTERVIEWER TO MAKE CORRECTIONS.

MB008/(WORK\_HRS). How many hours per week do you work?

|\_\_\_|\_\_\_|

HOURS

REFUSED -1

DON’T KNOW -2

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

|\_\_\_|\_\_\_|

NUMBER OF SMOKERS

**INTERVIEWER INSTRUCTION**:

* ENTER “0” IF NONE.

REFUSED -1

DON’T KNOW -2

**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.”

|\_\_\_|\_\_\_|

HOURS

REFUSED -1

DON’T KNOW -2

**PROGRAMMER\_INSTRUCTIONS**:

* If **CHILD\_NUM** =1, GO TO **DRINK**.
* 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 **DRINK**.

MB014/(DRINK). Do you drink any type of alcoholic beverage?

YES 1

NO 2 **(**[**TIME\_STAMP\_10**](#TIME_STAMP_10)**)**

REFUSED -1 **(**[**TIME\_STAMP\_10**](#TIME_STAMP_10)**)**

DON’T KNOW -2 **(**[**TIME\_STAMP\_10**](#TIME_STAMP_10)**)**

MB015/(DRINK\_NOW). How often do you currently drink alcoholic beverages?

5 or more times a week 1

2-4 times a week 2

Once a week 3

1-3 times a month 4

Less than once a month 5

Never 6 **(**[**TIME\_STAMP\_10**](#TIME_STAMP_10)**)**

REFUSED -1 **(**[**TIME\_STAMP\_10**](#TIME_STAMP_10)**)**

DON’T KNOW -2 **(**[**TIME\_STAMP\_10**](#TIME_STAMP_10)**)**

MB016/(DRINK\_NOW\_5). How often do you have 5 or more drinks within a couple of hours:

Never, 1

About once a month, 2

About once a week, or 3

About once a day? 4

REFUSED -1

DON’T KNOW -2

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 INSTRUCTION:

* PROBE FOR MULTIPLE RESPONSES: “Any others?”
* SELECT ALL THAT APPLY.

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** IS CODED WITH ANY COMBINATION OF VALUES 1 – 5, THEN GO TO **PET\_MEDS**.
* IF **PET\_TYPE** IS CODED -5, OR ANY COMBINATION OF VALUES 1 – 5 AND -5, GO TO **PET\_TYPE\_OTH**.
* IF **PET\_TYPE** IS CODED -1 OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES AND GO TO **PET\_MEDS**.

PT007/(PET\_TYPE\_OTH).

OTHER: SPECIFY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REFUSED -1

DON’T KNOW -2

**PROGRAMMER INSTRUCTION:**

* LIMIT 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**](#TIME_STAMP_11)**)**

REFUSED -1 **(**[**TIME\_STAMP\_11**](#TIME_STAMP_11)**)**

DON’T KNOW -2 **(**[**TIME\_STAMP\_11**](#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 answer “yes” or “no” to each method I describe.

IHE006/(COVERS). Impermeable mattress and or pillow covers on the child’s bed or crib?

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

**IHE008/(VACUUM).** Use a special vacuum such as a HEPA (High Efficiency Particulate Air) vacuum?

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

IHE010/(REMOVAL). Intentionally remove rugs or upholstered furniture?

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

IHE012/(METHOD). Any other methods?

YES 1

NO 2 **(AIR\_FILTER)**

REFUSED -1 **(AIR\_FILTER)**

DON’T KNOW -2 **(AIR\_FILTER)**

IHE013/(METHOD\_OTH).

SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REFUSED -1

DON’T KNOW -2

**PROGRAMMER INSTRUCTION:**

* LIMIT TEXT TO 255 CHARACTERS.

IHE016/(AIR\_FILTER). Does your furnace or air conditioning system use a special HEPA (High Efficiency Particulate Air) or other type of allergy filter to filter the air?

YES 1

NO 2

REFUSED -1

DON’T KNOW -2

**IHE018/(OPEN\_WINDOW).** Thinking about the past 7 days, approximately how many hours a day did you keep the windows or doors open in your home (for ventilation or to let air 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

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 **(**[**TIME\_STAMP\_12**](#TIME_STAMP_12)**)**

REFUSED -1 **(**[**TIME\_STAMP\_12**](#TIME_STAMP_12)**)**

DON’T KNOW -2 **(**[**TIME\_STAMP\_12**](#TIME_STAMP_12)**)**

IHE057/(RENOVATE\_ROOM). Which rooms were renovated?

**INTERVIEWER INSTRUCTION**:

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

KITCHEN 1

LIVING ROOM 2

HALL/LANDING 3

{C\_FNAME/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** IS CODED WITH ANY COMBINATION OF VALUES 1 – 7, THEN GO TO **TIME\_STAMP\_12**.
* IF **RENOVATE\_ROOM** IS CODED -5, OR ANY COMBINATION OF VALUES 1 – 7 AND -5, GO TO **RENOVATE\_ROOM\_OTH**.
* IF **RENOVATE\_ROOM** IS 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:**

* LIMIT TEXT TO 255 CHARACTERS.

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**](#TIME_STAMP_13)**)**

REFUSED -1 **(**[**TIME\_STAMP\_13**](#TIME_STAMP_13)**)**

DON’T KNOW -2 **(**[**TIME\_STAMP\_13**](#TIME_STAMP_13)**)**

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, REFER PARENT/CAREGIVER TO APPROPRIATE SHOWCARD.
* OTHERWISE, READ RESPONSE CATEGORIES TO PARENT/CAREGIVER.

PROGRAMMER INSTRUCTIONS:

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

2001TO PRESENT 1

1981 TO 2000 2

1961 TO 1980 3

1941 TO 1960 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?

|\_\_\_|\_\_\_|

NUMBER

REFUSED -1

DON’T KNOW -2

WEEKS 1

MONTHS 2

YEARS 3

HC006/(WATER\_DRINK). What water source in your home do you use most of the time for drinking?

Tap water, 1 **(WATER\_COOK)**

Filtered tap water, 2 **(WATER\_COOK)**

Bottled water, or 3 **(WATER\_COOK)**

Some other source? -5

REFUSED -1 **(WATER\_COOK)**

DON’T KNOW -2 **(WATER\_COOK)**

**HC007/(WATER\_DRINK\_OTH).**

SPECIFY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REFUSED -1

DON’T KNOW -2

**PROGRAMMER INSTRUCTION:**

* LIMIT TEXT TO 255 CHARACTERS.

HC008/(WATER\_COOK). What water source in your home is used most of the time for cooking?

Tap water, 1 **(NC001)**

Filtered tap water, 2 **(NC001)**

Bottled water, or 3 **(NC001)**

Some other source? -5

REFUSED -1 **(NC001)**

DON’T KNOW -2 **(NC001)**

HC009/(WATER\_COOK \_OTH).

SPECIFY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REFUSED -1

DON’T KNOW -2

**PROGRAMMER INSTRUCTION:**

* LIMIT TEXT TO 255 CHARACTERS.

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, 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 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 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 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 3

6 or more 4

REFUSED -1

DON’T KNOW -2

**PROGRAMMER INSTRUCTION:**

* PRELOAD 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.

Often 1

Sometimes 2

Rarely 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?

Often 1

Sometimes 2

Rarely 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, 3

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, 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, 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, 1

Agree, 2

Disagree, 3

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, 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, 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

**PROGRAMMER INSTRUCTIONS:**

* FORMAT **DATE\_MOVE** AS YYYYMM.

(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