OMB #: 0925-0593 OMB Expiration Date: 07/31/ 2013 24-Month Interview, Phase 2e



24-Month Interview

Event: 24-Month

Participant: Child

Respondent: Parent/Caregiver

Domain: Questionnaire

Type of Document: Interview

Allowable Mode: In Person, Telephone, Mail, Web

Allowable Method: CAPI, CATI

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

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24-Month Interview

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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?



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?



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

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

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

MOTHER	1
FATHER	2
OTHER	3

PROGRAMMER INSTRUCTIONS:

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

IC019/(RE	SP_REL_OTH).	
SPECIFY		

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 a	re currently	living in or	staying ir	n this h	nousehold,	<u>not</u>
including the chil	d?							

_ NUMBER OF PERSONS	
REFUSED1	(SL001)
DON'T KNOW2	(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 <u>does</u> include activation, for example, for the Persian Gulf War.

YES 1
NO
REFUSED1
DON'T KNOW2

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** = 1 AND EITHER **HH_MEM_AGE** ≥ 18 YEARS OR **HH_MEM_DOB** = -1 OR -2), AND **BRANCH_SERV** (IF **ACTIVE_DUTY** = 1, 2 OR 3) UNTIL NUMBER OF LOOPS = **NUM HH**.
- THEN GO TO 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 DON'T KNOW		
PROGRAMMER INSTRUCTIONS:		
LOOP CYCLE, DISPLAY "What are the name of the subsequent loop cycle, DISPLAY "What are the name of the subsequent loop cycle, DISPLAY "What are the name of the subsequent loop cycle, DISPLAY "What are the name of the subsequent loop cycle, DISPLAY "What are the name of the subsequent loop cycle, DISPLAY "What are the name of the subsequent loop cycle, DISPLAY "What are the name of the subsequent loop cycle, DISPLAY "What are the name of the subsequent loop cycle, DISPLAY "What are the name of the subsequent loop cycle, DISPLAY "What are the name of the subsequent loop cycle, DISPLAY "What are the name of the subsequent loop cycle, DISPLAY "What are the name of the subsequent loop cycle, DISPLAY "What are the name of the subsequent loop cycle, DISPLAY "What are the subsequent	·	IF FIRST IF person"
DE020/(CHILD_RELAT). How is {F_NAME} related	d to the child?	
MOTHER)TH_2)
PROGRAMMER INSTRUCTION:DISPLAY F_NAME.		
DE025/(CHILD_RELAT_OTH_1).		
SPECIFY:		
REFUSEDDON'T KNOW		
 PROGRAMMER INSTRUCTIONS: LIMIT TEXT TO 255 CHARACTERS. GO TO HH_MEM_DOB. 		
DE030/(CHILD_RELAT_OTH_2).		
SPECIFY:		
REFUSEDDON'T KNOW		
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:					
	М	М			
DAY:					
	D	D			
YEAR:		<u> </u>	 		
	Υ		Υ		
REFUSED)		 	 	1
DON'T KN	IOW.		 	 	2

PROGRAMMER INSTRUCTIONS:

- FORMAT **HH_MEM_DOB** AS YYYYMMDD.
- DISPLAY F NAME.
- IF MILITARY HH = 1 AND,
 - o 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.
 - o IF VALID RESPONSE NOT PROVIDED FOR HH_MEM_DOB, GO TO ACTIVE DUTY.
- OTHERWISE, COMPLETE LOOP:
 - o IF NUMBER OF COMPLETED LOOPS < **NUM_HH**, GO TO **FNAME_HH**.
 - 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 <u>does</u> include activation, for example, for the Persian Gulf War.]

Yes, they are now on active duty,	1
Yes, they were on active duty during the last 6	

Y 0 N 0 F	months, but not now,
• [•	AMMER INSTRUCTIONS: DISPLAY F_NAME. F ACTIVE_DUTY = 1, 2, OR 3, GO TO BRANCH_SERV. DITHERWISE, IF ACTIVE_DUTY = 4, 5, -1, OR -2, COMPLETE LOOP: 0
DE040/((BRANCH_SERV). What {is/was} his or her branch of service?
A N C N F	Air Force,
• • • N	F ACTIVE_DUTY = 1, DISPLAY "is". F ACTIVE_DUTY = 2 OR 3, DISPLAY "was". F NUMBER OF COMPLETED LOOPS < NUM_HH, GO TO FNAME_HH TO BEGIN NEXT LOOP. F NUMBER OF COMPLETED LOOPS = NUM_HH, GO TO SL001.
	(HHCOMP_CHANGE). Have there been any changes in your household members since the last interview?
N F	YES
h	(HHCOMP_CHANGE_MIL). Have there been any changes in military status of any nousehold members since the last interview? This includes joining or leaving the military.
N F	YES

- 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.

PROGRAMMER INSTRUCTIONS:

- PRELOAD F NAME.
- LIMIT TEXT TO 255 CHARACTERS.
- DISPLAY MATRIX PRELOADED WITH FIRST NAMES OF HH MEMBERS AND
 - 0 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
 - O IF **HH_MEM_DOB** COLLECTED DURING PREVIOUS INTERVIEW AND VALID PROVIDED, CALCULATE DERIVED VARIABLE, **HH_MEM_AGE**, A BASED ON **HH MEM DOB** AND DATE OF CURRENT INTERVIEW;
 - IF HH_MEM_AGE ≥ 18 YEARS, GO TO ACTIVE_DUTY_CHANGE AND LOOP THROUGH BRANCH_SERVICE_CHANGE (IF ACTIVE_DUTY_CHANGE = 1, 2 OR 3), THEN RETURN TO HH_MIL_CHANGE_ROSTER.
 - O IF HH_MEM_DOB NOT COLLECTED DURING PREVIOUS INTERVIEW OR VALID RESPONSE NOT PROVIDED, GO TO ACTIVE_DUTY_CHANGE AND LOOP THROUGH BRANCH_SERVICE_CHANGE (IF ACTIVE_DUTY_CHANGE = 1, 2 OR 3), THEN RETURN TO HH_MIL_CHANGE_ROSTER
- WHEN NUMBER OF LOOPS = **NUM HH**, GO TO **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	s not include training for the Reserves or National Guard,
but does include activation, for ex	ample, for the Persian Gulf War.

YES	1
NO	
REFUSED	
DON'T KNOW	

- 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 = 1 AND EITHER **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..."

ΙF 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 (H H	_MEM	_DOB_	CHANGE)
FATHER	.2 (H H	_MEM	_DOB_	CHANGE)
GRANDMOTHER	.3 (HH	_MEM	_DOB_	CHANGE)
GRANDFATHER	.4 (H H	_MEM	_DOB_	CHANGE)
SISTER	.5 (HH	_MEM	DOB	CHANGE)

	OTHER RELATIVE	OTH_2)
	RAMMER INSTRUCTION: DISPLAY F_NAME.	
DE075	5/(CHILD_RELATE_CHANGE_OTH_1).	
	SPECIFY:	
	REFUSED1 DON'T KNOW2	
•	RAMMER INSTRUCTIONS: LIMIT FREE TEXT TO 255 CHARACTERS. GO TO HH_MEM_DOB_CHANGE.	
DE080	0/(CHILD_RELATE_CHANGE_OTH_2).	
	SPECIFY:	
	REFUSED1 DON'T KNOW2	
	RAMMER INSTRUCTION: LIMIT FREE TEXT TO 255 CHARACTERS.	
DE032	2/(HH_MEM_DOB_CHANGE). What is {F_NAME}'s date of birth?	
INTER	PARENT/CAREGIVER REFUSES TO PROVIDE INFORMATION, RE-ST CONFIDENTIALITY PROTECTIONS TWO-DIGIT MONTH, TWO-DIGIT DAY, AND A FOUR-DIGIT YEAR. RESPONSE WAS DETERMINED TO BE INVALID, ASK QUESTION AG PROBE FOR VALID RESPONSE.	ENTER A
	MONTH:	

REFUSED	-1
DON'T KNOW	-2

- FORMAT HH MEM DOB CHANGE AS YYYYMMDD.
- DISPLAY F NAME.
- IF **MILITARY HH CHANGE** = 1 AND,
 - O 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:
 - o IF ACTIVE_DUTY_CHANGE = 4, 5, -1, OR -2, AND
 - IF NUMBER OF COMPLETED LOOPS < NUM_HH, GO TO ACTIVE DUTY CHANGE.
 - IF NUMBER OF COMPLETED LOOPS = NUM_HH, GO TO SL001.
- IF HHCOMP_CHANGE = 1, AND HHCOMP_CHANGE_MIL = 1:
 - o IF **ACTIVE_DUTY_CHANGE** = 4, 5, -1, OR -2, AND

- IF NUMBER OF COMPLETED LOOPS < **NUM_HH**, GO TO **HH CHANGE ROSTER**.
- IF NUMBER OF COMPLETED LOOPS = NUM_HH, GO TO OTHER_CHANGE_ROSTER.
- OTHERWISE, IF ACTIVE DUTY CHANGE = 4, 5, -1, OR -2, COMPLETE LOOP:
 - o IF NUMBER OF COMPLETED LOOPS < NUM_CHANGE_HH, GO TO FNAME CHANGE ROSTER.
 - o 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,	
Marine Corps,	
Navy, or	
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:
 - o IF NUMBER OF COMPLETED LOOPS < **NUM_HH**, GO TO **ACTIVE DUTY CHANGE**.
 - o IF NUMBER OF COMPLETED LOOPS = NUM_HH, GO TO SL001.
- IF HHCOMP_CHANGE = 1, AND HHCOMP_CHANGE_MIL = 1:
 - o IF NUMBER OF COMPLETED LOOPS < **NUM_HH**, GO TO **HH CHANGE ROSTER**.
 - o IF NUMBER OF COMPLETED LOOPS = **NUM_HH**, GO TO **OTHER CHANGE ROSTER**.
- IF NUMBER OF COMPLETED LOOPS < NUM_CHANGE_HH, GO TO FNAME CHANGE ROSTER TO BEGIN NEXT LOOP.
- IF NUMBER OF COMPLETED LOOPS = NUM CHANGE HH, GO TO SL001.

S	ı	F	F	P

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?

H	OURS

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

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

HOU	JRS

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?



REFUSED.....-1
DON'T KNOW....-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?
<u> </u>
REFUSED
AM
 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
SL024/(SLEEP_THROUGH). How often does {C_FNAME/the child} wake at night?
Never
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,

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)
REFUSED	-1	(TIME_STAMP_4)
DON'T KNOW	-2	(TIME STAMP 4)

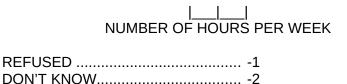
- **CC003.** I'd like to ask you about different types of child care {C_FNAME/the child} may receive from someone other than parents or guardians. This includes regularly scheduled care arrangements with relatives and non-relatives, and day care or early childhood programs, whether or not there is a 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)
REFUSED	-1	(TIME_STAMP_4)
DON'T KNOW	-2	(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)
REFUSED	-1	(CC014)
DON'T KNOW	-2	(CC014)

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



- INCLUDE SOFT EDIT IF RESPONSE EXCEEDS 50 HOURS PER WEEK
- **CC014.** Now I'd like to ask you about any regularly scheduled care {C_FNAME/the child} receives from someone not related to {him/her}, either in your home or someone else's home. This includes all regularly scheduled care arrangements with non-relatives that happen at least weekly, including home child care providers, regularly scheduled sitter arrangements, or neighbors. This does not include day care centers, early childhood programs, or occasional babysitting.
- **CC017/(HOMECARE).** Does {C_FNAME/the child} receive any regularly scheduled care either in your home or someone else's home from someone not related to {him/her}?

INTERVIEWER INSTRUCTION:

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

YES	1	
NO	2	(CC023)
REFUSED	-1	(CC023)
DON'TKNOW	-2	(CC023)

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

NUMBER OF	HO	URS	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)
REFUSED	-1	(TIME_STAMP_4)
DON'T KNOW	-2	(TIME_STAMP_4)

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

	<u> </u>			
NUMBER O	F HOL	JRS P	ER V	VEEK

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)?

Doctor's office or Health Maintenance Organization	
(HMO)	C_HEALTH)
Hospital emergency room 3 (6	C_HEALTH)
Hospital outpatient department 4 (6	C_HEALTH)
Some other place 5	
DOESN'T GO TO ONE PLACE MOST OFTEN 6 (0	C_HEALTH)
DOESN'T GET WELL-CHILD CARE ANYWHERE 7 (0	C_HEALTH)
REFUSED1 (0	C_HEALTH)
DON'T KNOW2 (6	C_HEALTH)

HL004A/(R_HCARE_OTH).

SPECIFY _		
REFUSED		-1
DON'T KN	OW	-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:

= 1, GO TO **USE_IC_LOG**.

IF RESP REL

GO TO **HL014**.

HL008/(USE_IC_LOG). Are you using the Infant and	Child Health Care Log? This is the booklet
that you or your health care provider (pediati	ician or family medicine doctor, specialist
(like a surgeon, heart, allergy, or skin docto	r), nurse practitioner, physician assistant,
nurse, social worker/counselor, etc.) uses to re	ecord 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

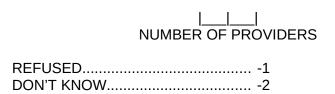
The child hasn't had a medical visit since our last	
interview, 1	(HOSPITAL)
You've misplaced the log	(HL010)
You've forgotten to bring it to the child's medical visits 3	(HL011)
The log was too much trouble to complete, or 4	(HL011)
The log was too difficult to understand? 5	(HL014)
OTHER (SPECIFY):6	
REFUSED1	(HL011)
DON'T KNOW2	(HL011)

HL009A/(REASON_NO_IC_LOG_OTH).

OTHER: SPECIFY (HL014	THED: CDECIEV /UI //1
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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?



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	R OF	\overline{CO}	NTAC	CTS

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

YEAR: |__|__|__|

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?

POU	NDS

REFUSED	-1
DON'T KNOW	-2

- 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)
REFUSED		
DON'T KNOW	-2	(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?



REFUSED	.1	(TIME_STAMP_5)
DON'T KNOW	2	(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.
- 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	
REFUSEDDON'T KNOW	-1 -2
DAY: D D	
REFUSEDDON'T KNOW	-1 -2
YEAR: Y Y Y Y	
REFUSEDDON'T KNOW	-1 -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	а	doctor	or	other	health	care	provider	give	you	а	diagnosis	foi
{C FNAME/the	e child	{k	during t	his	hospit	al stay?)						

YES	1	
NO	2	(HL024)
REFUSED	-1	(HL024)
DON'T KNOW	-2	(HL024)

HL023/(DIAGNOSE_OTH). What was the diagnosis?

INTERVIEWER INSTRUCTIONS:

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

DIAGNOSES
REFUSED1
DON'T KNOW2

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?"



INTERVIEWER INSTRUCTION:

• ENTER "0" IF NONE.

REFUSED	-1
DON'T KNOW	-2

				11.1			
	I have some questions AME/the child} may have.	about	specific	conditions	or	nealth	problems
MC016/(ASTH	MA). Has a doctor ever told yo	ou that {	(C_FNAM	E/the child}	has	asthma′	?
	YES NO REFUSED DON'T KNOW		2 -1				
	I GHT). Has a doctor ever told g nearsightedness or farsighte			ME/the child	d} ha	s difficu	lty seeing
	YES NO REFUSED DON'T KNOW		2 -1				
). Has a doctor ever told you ss? Do not include a temporar						
	YES NO REFUSED DON'T KNOW		2 -1				
	B). Does {C_FNAME/the child} ability to crawl, walk, run, or		an impair	ment or hea	alth p	oroblem	that limits
	YES NO REFUSED DON'T KNOW		2 -1				

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

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

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

PROGRAMMER INSTRUCTIONS:

- LIMIT TEXT TO 100 CHARACTERS PER MEDICATION.
- LOOP THROUGH **PRESCR_ADMIN** THROUGH **PRESCRIP_FREQ/PRESCRIP_FREQ_UNIT** FOR EACH PRESCRIPTION.
- IF FIRST LOOP, 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,
MED005A/(PRESCR_ADMIN_OTH).
SPECIFY
REFUSED
PROGRAMMER INSTRUCTION:
LIMIT TEXT TO 255 CHARACTERS.
MED006/(PRESCR_TAKESTILL). Is {C_FNAME/the child} still taking the {PRESCRMED}?
YES
MED007/(PRESCRIP_FREQ/PRESCRIP_FREQ_UNIT). How often {does/did} {C_FNAME/the child} use or take { PRESCRMED }?
<pre>PROGRAMMER INSTRUCTION: • If PRESCR_TAKESTILL = 1, DISPLAY "DOES"; OTHERWISE, DISPLAY "DID"</pre>
ENTER NUMBER REFUSED
ENTER UNIT PER DAY

PER MONTH...... 3

PER YEAR 4	
AS NEEDED 5	
MED008. Now I'd like to ask about non-prescription med and dietary supplements that {C_FNAME/the chil	
MED009/(OTC_TAKE). Has {C_FNAME/the child} medicines in the past 30 days? Include only that do not require a prescription. [Do not include	se products purchased over the counter
YES	(MED014)
MED010/(OTCMED). Please list the name of all non-pre days:	escription medicines taken in the past 30
INTERVIEWER INSTRUCTION:	
 ENTER UP TO 10 MEDICATIONS; IF MC PROVIDED, ENTER FIRST 10 PROVIDE 	

- 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.

REFUSED......-1 (MED014) DON'T KNOW.....-2 (MED014)

• 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,	(OTC_TAKESTILL)
Injected, 3	(OTC_TAKESTILL)
Applied to the skin, such as a patch or creams, or 4	(OTC_TAKESTILL)

REFUS	ther way?
MED011A/(OT	C_ADMIN_OTH).
:	SPECIFY
	REFUSED1 DON'T KNOW2
PROGRAMME	R INSTRUCTION:
• LIMIT T	EXT TO 255 CHARACTERS.
MED012/(OTC	_ TAKESTILL). Is {C_FNAME/the child} still taking { OTCMED }?
 	YES
	_FREQ/OTC_FREQ_UNIT). How often {does/did} {C_FNAME/the child} use o TCMED}?
	R INSTRUCTION: If OTC_TAKESTILL = 1, DISPLAY "DOES"; OTHERWISE, DISPLAY "DID"
ļ	_ ENTER NUMBER REFUSED1 DON'T KNOW2
 	ENTER UNIT PER DAY
MED015/(SUPI	PL_TAKE). Has {C_FNAME/the child} used or taken any vitamins, minerals, or other dietary supplements in the past 30 days? Please include prescriptions and minerals in your answer.
 	YES

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.

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,	
Injected,	
Applied to the skin, such as a patch or creams, or 4	•
Some other way?	
REFUSED1	(SUPPL_TAKESTILL)
DON'T KNOW2	

MED017A/(SUPPL_/	ADMIN_OTH).	
SPEC	CIFY	<u> </u>
	JSED1 T KNOW2	
PROGRAMMER INS • LIMIT TEXT T	STRUCTION: TO 255 CHARACTERS.	
MED018/(SUPPL_TA	AKESTILL). Is {C_FNAME/the ch	ild} still taking { SUPPLMED }?
NO REFU		2
•	REQ/SUPPL_FREQ_UNIT). Hov SUPPLMED}?	v often {does/did} {C_FNAME/the child}
PROGRAMMER INS IF SUI		"DOES"; OTHERWISE, DISPLAY "DID"
REFU DON'T ENTEI PER D PER M PER M	ER NUMBER USED	2 2 3 4

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	
HI013/(INS_IHS). Indian Health Service?	
YES	
HI015/(INS_OTH). Any other type of health insurance or health coverage plan?	
YES	
PROGRAMMER INSTRUCTIONS:	IF RESP_REL
= 1 OR 2, GO TO TIME_STAMP_8 .	
• = 3 AND MULT_CHILD = 1 AND CHILD_NUM ≠ CHILD_QNUM , GO CHILD_QNUM .	IF RESP_REI TO
• RESP_REL = 3 AND MULT_CHILD = 1 AND CHILD_NUM = CHILG TO TIME_STAMP_13.	IF _D_QNUM,

PRODUCT USE

(TIME_STAMP_8) PROGRAMMER INSTRUCTION:

• INSERT DATE/TIME STAMP

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

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

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

PROGRAMMER INSTRUCTIONS:

- IF LICE_1 = 1, GO TO LICE_2.
- OTHERWISE, GO TO PROGRAMMER INSTRUCTIONS AT START OF "MATERNAL BEHAVIORS" SECTION.

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

{C FNAME/the child}	1
SOMEONE ELSE	
BOTH {C FNAME/the child} AND SOMEONE ELSE	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	
REFUSED1	
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?	
)1 IOW2	
IF WORK_ WORK ADIF WORK_ ADDRESS	INSTUCTIONS: (T TO 255 CHARACTERSADDRESS_VARIABLES NOT COLLECTED PREVIOUSLY O DDRESS NOT PROVIDED, GO TO WORK_ADDRESS_VARIA _ADDRESS_VARIABLES COLLECTED PREVIOUSLY AND VA S PROVIDED, GO TO WORK_ADDRESS_VARIABLES_CONF ISE, GO TO WORK_HRS.	BLES . ALID WORK
MB004C/(WORK_	_ADDRESS_VARIABLES). ENTER ADDRESS	
INTERVIEWER IN • ENTER AS	S MUCH INFORMATION AS PARENT/CAREGIVER KNOWS.	PROBE AND
(WORK_A	ADDRESS_1) ADDRESS 1 - STREET/PO BOX	
(WORK_A	ADDRESS_2) ADDRESS 2	
(WORK_U	UNIT) UNIT	
(WORK_C	CITY) CITY	
_ STATE		
(WORK_S	TATE) (WORK_ZIP) (WORK_ZIP4)	
)1 IOW2	

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? 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

INTERVIEWER INSTRUCTION: • ENTER "0" IF NONE.
REFUSED1 DON'T KNOW2
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,
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
REFUSED1 DON'T KNOW2
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

MB015/(DRINK N	IOW). How often do v	vou 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)
REFUSED	-1	(TIME_STAMP_10)
DON'T KNOW	-2	(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 1	0) 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		
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,	
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)
REFUSED		
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. 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
IHE008/(VACUUM). Use a special vacuum such as a HEPA (High Efficiency Particulate Air) vacuum?
YES
IHE010/(REMOVAL). Intentionally remove rugs or upholstered furniture?
YES
IHE012/(METHOD). Any other methods?
YES
IHE013/(METHOD_OTH).

REFUSED-1

DON'T KNOW.....--2

• LIMIT TEXT TO 255 CHARACTERS.

PROGRAMMER INSTRUCTION:

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
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
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
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

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)
REFUSED		
DON'T KNOW	-2	(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)
REFUSED	-1	(TIME_STAMP_13)
DON'T KNOW	-2	(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 DON'T KNOW	
WEEKS	
MONTHS	2
YEARS	3

HC006/(WATER_DRINK). What water source in your ho drinking?	ome do you use most of the time for
Tap water, 1 (W Filtered tap water, 2 (W Bottled water, or 3 (W Some other source? -5 REFUSED -1 (W DON'T KNOW -2 (W	NATER_COOK) NATER_COOK) NATER_COOK)
HC007/(WATER_DRINK_OTH).	
SPECIFY	
REFUSED1 DON'T KNOW2	
PROGRAMMER INSTRUCTION:	
LIMIT TEXT TO 255 CHARACTERS.	
HC008/(WATER_COOK). What water source in your h cooking?	home is used most of the time for
Tap water,	NC001) NC001)
REFUSED1 (N DON'T KNOW2 (N	
HC009/(WATER_COOK _OTH).	
SPECIFY	<u></u>
REFUSED1 DON'T KNOW2	
PROGRAMMER INSTRUCTION:	
I IMIT TEYT TO 255 CHARACTERS	

• LIMIT TEXT TO 255 CHARACTERS

NEIGHBORHOOD CHARACTERISTICS

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

NC004/(NEIGH_DEFN). you mean? Is it	When you ar	e talking to	someone	about your	neighborhood,	what do
The block or stre				1		

The block of street you live on,	⊥
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	
A few	
Many	3
Most	4
REFUSED	
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			
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			
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			
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,			
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,Unlikely,	
	Very Unlikely	
	REFUSED	-1
	DON'T KNOW	-2
NC022. Pleas	e tell me if you agree or disagree with	the following statements.
NC024/(NEIG	H_CLOSE). This is a close-knit neighb	orhood. Would you say you
	Strongly agree,	
	Agree,	
	Disagree,	
	Strongly disagreeREFUSED	4
	DON'T KNOW	
		_
NC026/(NEIG	H_TRUST). People in this neighborhoo	od can be trusted. Would you say you
	Strongly agree,	1
	Agree,	2
	Disagree,	
	Strongly disagree	4
	REFUSED	
	DON'T KNOW	-2
NC028/(NEIG	H_SAFE_1). I feel safe walking in my	neighborhood, day or night.
	Strongly agree,	1
	Agree,	2
	Disagree,	
	Strongly disagree	
	REFUSED	
	DON'T KNOW	-2
NC030//NEIG	H_SAFE_2). Violence is not a problem	uin my naighbarhaad
140000/(14210	n_oai L_zj. violence is not a problem	Till Tilly Heighborhood.
	Strongly agree,	1
	Agree,	
	Disagree,	
	Strongly disagree	
	REFUSEDDON'T KNOW	
	DON I KNOW	-2
NC032/(NEIG	H_SAFE_3). My neighborhood is safe	from crime.
	Strongly agree,	1
	Agree,	
	Disagree,	
	Strongly disagree	

REFUSED	-1
DON'T KNOW	-2

(TIME_STAMP_13) PROGRAMMER INSTRUCTION:

INSERT DATE/TIME STAMP

PROGRAMMER INSTRUCTIONS:

• **DATE_MOVE** AS YYYYMM.

FORMAT

(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