



30-Month Interview

Event:	30 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
Version:	1.0
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30-MONTH INTERVIEW

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30-MONTH INTERVIEW

INTERVIEWER-COMPLETED QUESTIONS

(TIME_STAMP_1) PROGRAMMER INSTRUCTION:

- INSERT DATE/TIME STAMP

PROGRAMMER INSTRUCTIONS:

- PRELOAD ALL PARTICIPANT IDS (**P_ID**) FOR CHILD(REN) AND RESPONDENT IDS (**R_P_ID**) FOR PARENT/CAREGIVER.
- IF (**R_FNAME**)(**R_LNAME**) ≠ (**P_FNAME**)(**P_LNAME**) OR (**O_FNAME**)(**O_LNAME**) IN PARTICIPANT CONSENT AND VERIFICATION, GO TO **TIME_STAMP_PRS_ET**.
- 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.
- IF **CHILD_SEX** IN PARTICIPANT CONSENT AND VERIFICATION = 1, DISPLAY "his", "he", "himself" or "boys" IN APPROPRIATE FIELDS THROUGHOUT INSTRUMENT.
- IF **CHILD_SEX** IN PARTICIPANT CONSENT AND VERIFICATION = 2, DISPLAY "her", "she", "herself", or "girls" IN APPROPRIATE FIELDS THROUGHOUT INSTRUMENT.

IC001/(MULT_CHILD). IS THERE MORE THAN ONE CHILD IN THIS HOUSEHOLD ELIGIBLE FOR THE 30 MONTH INTERVIEW TODAY?

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

IC005/(CHILD_NUM). HOW MANY CHILDREN IN THIS HOUSEHOLD ARE ELIGIBLE FOR THE 30 MONTH INTERVIEW TODAY?

 |_|_|
NUMBER OF CHILDREN

PROGRAMMER INSTRUCTIONS:

- IF **CHILD_NUM**>1, GO TO **ACT001** AND LOOP THROUGH QUESTIONNAIRE FROM **CHILD_QNUM** THROUGH **OW001** FOR EACH CHILD UNTIL **CHILD_NUM=CHILD_QNUM**. THEN GO TO **PRS001**.

(TIME_STAMP_2) PROGRAMMER INSTRUCTION:

- INSERT DATE/TIME STAMP

PARENTING

(TIME_STAMP_CDP_ST) PROGRAMMER INSTRUCTION:

- INSERT DATE/TIME STAMP

CDP001/(INTRO_30MO). Now I would like to ask you some questions about things you may do with {C_FNAME/the child}? Please tell me how many days you do each of these activities in a typical week. How many days a week do you

INTERVIEWER INSTRUCTIONS:

- IF THE PARENT OR CAREGIVER REFUSED THE INTERVIEW, SELECT REFUSED. OTHERWISE, SELECT CONTINUE.

CONTINUE..... 1
 REFUSED..... -1 (TIME_STAMP_PRS_ET)

INTERVIEWER INSTRUCTIONS:

- FOR SING, HUG, TELL_LOVE, HELP_CHORES, PLAY_GAMES, READ_STORIES, TELL_STORIES, PLAY_TOYS, _TELL_APPREC, VISIT_RELATIVES, EAT_OUT, ASSIST_EAT, AND PUT BED:
 - o IF USING SHOWCARDS, REFER PARENT/CAREGIVER TO SHOWCARD CDP001.
 - o OTHERWISE, READ RESPONSE CATEGORIES TO PARENT/CAREGIVER.
- RE-READ INTRODUCTORY STATEMENT (How many days a week do you...?) AS NEEDED FOR ITEMS BELOW.

PROGRAMMER INSTRUCTIONS:

- FOR SING, HUG, TELL_LOVE, HELP_CHORES, PLAY_GAMES, READ_STORIES, TELL_STORIES, PLAY_TOYS, _TELL_APPREC, VISIT_RELATIVES, EAT_OUT, ASSIST_EAT, AND PUT BED:
 - o IF USING SHOWCARDS, DISPLAY RESPONSE CATEGORIES IN ALL CAPITAL LETTERS.
 - o OTHERWISE, DISPLAY RESPONSE CATEGORIES AS MIXED UPPER/LOWER CASE.

CDP010/(SING). Sing songs or nursery rhymes with {C_FNAME/the child}?

NEVER/LESS THAN ONE DAY PER WEEK.....0
 1 DAY PER WEEK.....1
 2 DAYS PER WEEK2
 3 DAYS PER WEEK3
 4 DAYS PER WEEK4
 5 DAYS PER WEEK5
 6 DAYS PER WEEK6
 7 DAYS PER WEEK7
 REFUSED-1
 DON'T KNOW.....-2

CDP020/(HUG). Hug or show physical affection to {C_FNAME/the child}?

NEVER/LESS THAN ONE DAY PER WEEK.....	0
1 DAY PER WEEK.....	1
2 DAYS PER WEEK	2
3 DAYS PER WEEK	3
4 DAYS PER WEEK	4
5 DAYS PER WEEK	5
6 DAYS PER WEEK	6
7 DAYS PER WEEK	7
REFUSED	-1
DON'T KNOW.....	-2

CDP030/(TELL_LOVE). Tell {C_FNAME/the child} that you love {him/her}?

NEVER/LESS THAN ONE DAY PER WEEK.....	0
1 DAY PER WEEK.....	1
2 DAYS PER WEEK	2
3 DAYS PER WEEK	3
4 DAYS PER WEEK	4
5 DAYS PER WEEK	5
6 DAYS PER WEEK	6
7 DAYS PER WEEK	7
REFUSED	-1
DON'T KNOW.....	-2

CDP040/(HELP_CHORES). Let {C_FNAME/the child} help you with simple household chores?

NEVER/LESS THAN ONE DAY PER WEEK.....	0
1 DAY PER WEEK.....	1
2 DAYS PER WEEK	2
3 DAYS PER WEEK	3
4 DAYS PER WEEK	4
5 DAYS PER WEEK	5
6 DAYS PER WEEK	6
7 DAYS PER WEEK	7
REFUSED	-1
DON'T KNOW.....	-2

CDP050/(PLAY_GAMES). Play imaginary games with {C_FNAME/the child}?

NEVER/LESS THAN ONE DAY PER WEEK.....	0
1 DAY PER WEEK.....	1
2 DAYS PER WEEK	2
3 DAYS PER WEEK	3
4 DAYS PER WEEK	4
5 DAYS PER WEEK	5
6 DAYS PER WEEK	6
7 DAYS PER WEEK	7
REFUSED	-1
DON'T KNOW.....	-2

CDP060/(READ_STORIES). Read stories to {C_FNAME/the child}?

NEVER/LESS THAN ONE DAY PER WEEK.....	0
1 DAY PER WEEK.....	1
2 DAYS PER WEEK	2
3 DAYS PER WEEK	3
4 DAYS PER WEEK	4
5 DAYS PER WEEK	5
6 DAYS PER WEEK	6
7 DAYS PER WEEK	7
REFUSED	-1
DON'T KNOW.....	-2

CDP070/(TELL_STORIES). Tell stories to {C_FNAME/the child}?

NEVER/LESS THAN ONE DAY PER WEEK.....	0
1 DAY PER WEEK.....	1
2 DAYS PER WEEK	2
3 DAYS PER WEEK	3
4 DAYS PER WEEK	4
5 DAYS PER WEEK	5
6 DAYS PER WEEK	6
7 DAYS PER WEEK	7
REFUSED	-1
DON'T KNOW.....	-2

CDP080/(PLAY_TOYS). Play inside with toys such as blocks or legos with {C_FNAME/the child}?

NEVER/LESS THAN ONE DAY PER WEEK.....	0
1 DAY PER WEEK.....	1
2 DAYS PER WEEK	2
3 DAYS PER WEEK	3
4 DAYS PER WEEK	4
5 DAYS PER WEEK	5
6 DAYS PER WEEK	6
7 DAYS PER WEEK	7
REFUSED	-1
DON'T KNOW.....	-2

CDP090/(TELL_APPREC). Tell {C_FNAME/the child} that you appreciated something {he/she} did?

NEVER/LESS THAN ONE DAY PER WEEK.....	0
1 DAY PER WEEK.....	1
2 DAYS PER WEEK	2
3 DAYS PER WEEK	3
4 DAYS PER WEEK	4
5 DAYS PER WEEK	5
6 DAYS PER WEEK	6
7 DAYS PER WEEK	7
REFUSED	-1
DON'T KNOW.....	-2

CDP100/(VISIT_RELATIVES). Take {C_FNAME/the child} to visit relatives?

NEVER/LESS THAN ONE DAY PER WEEK.....	0
1 DAY PER WEEK.....	1
2 DAYS PER WEEK	2
3 DAYS PER WEEK	3
4 DAYS PER WEEK	4
5 DAYS PER WEEK	5
6 DAYS PER WEEK	6
7 DAYS PER WEEK	7
REFUSED	-1
DON'T KNOW.....	-2

CDP110/(EAT_OUT). Go to a restaurant or out to eat with {C_FNAME/the child}?

NEVER/LESS THAN ONE DAY PER WEEK.....	0
1 DAY PER WEEK.....	1
2 DAYS PER WEEK	2
3 DAYS PER WEEK	3
4 DAYS PER WEEK	4
5 DAYS PER WEEK	5
6 DAYS PER WEEK	6
7 DAYS PER WEEK	7
REFUSED	-1
DON'T KNOW.....	-2

CDP120/(ASSIST_EAT). Assist {C_FNAME/the child} with eating?

NEVER/LESS THAN ONE DAY PER WEEK.....	0
1 DAY PER WEEK.....	1
2 DAYS PER WEEK	2
3 DAYS PER WEEK	3
4 DAYS PER WEEK	4
5 DAYS PER WEEK	5
6 DAYS PER WEEK	6
7 DAYS PER WEEK	7
REFUSED	-1
DON'T KNOW.....	-2

CDP130/(PUT_BED). Put {C_FNAME/the child} to bed?

NEVER/LESS THAN ONE DAY PER WEEK.....	0
1 DAY PER WEEK.....	1
2 DAYS PER WEEK	2
3 DAYS PER WEEK	3
4 DAYS PER WEEK	4
5 DAYS PER WEEK	5
6 DAYS PER WEEK	6
7 DAYS PER WEEK	7
REFUSED	-1
DON'T KNOW.....	-2

(TIME_STAMP_CDP_ET) PROGRAMMER INSTRUCTION:

- INSERT DATE/TIME STAMP

SOCIAL SUPPORT

(TIME_STAMP_SS_ST) PROGRAMMER INSTRUCTION:

- INSERT DATE/TIME STAMP

SS001. Please rate each of the following questions on the 4-point scale where 1 equals strongly disagree and 4 equals very strongly agree.

INTERVIEWER INSTRUCTIONS:

- FOR **SPECIAL_PERSON_AROUND**, **SPECIAL_PERSON_SHARE**, **FAMILY_HELP**, **EMOTIONAL_HELP**, **SPECIAL_PERSON_COMFORT**, **FRIENDS_HELP**, **FRIENDS_COUNT**, **FAMILY_TALK**, **FRIENDS_SHARE**, **PERSON_CARING**, **FAMILY_DECISIONS**, AND **FRIENDS_PROBLEMS**:
 - o IF USING SHOWCARDS, REFER PARENT/CAREGIVER TO SHOWCARD SS001.
 - o OTHERWISE, READ RESPONSE CATEGORIES TO PARENT/CAREGIVER.

PROGRAMMER INSTRUCTIONS:

- FOR **SPECIAL_PERSON_AROUND**, **SPECIAL_PERSON_SHARE**, **FAMILY_HELP**, **EMOTIONAL_HELP**, **SPECIAL_PERSON_COMFORT**, **FRIENDS_HELP**, **FRIENDS_COUNT**, **FAMILY_TALK**, **FRIENDS_SHARE**, **PERSON_CARING**, **FAMILY_DECISIONS**, AND **FRIENDS_PROBLEMS**:
 - o IF USING SHOWCARDS, DISPLAY RESPONSE CATEGORIES IN ALL CAPITAL LETTERS.
 - o OTHERWISE, DISPLAY RESPONSE CATEGORIES AS MIXED UPPER/LOWER CASE

SS010/(SPECIAL_PERSON_AROUND). There is a special person who is around when I am in need.

- STRONGLY DISAGREE.....1
- DISAGREE.....2
- AGREE3
- STRONGLY AGREE.....4
- REFUSED-1
- DON'T KNOW.....-2

SS020/(SPECIAL_PERSON_SHARE). There is a special person with whom I can share my joys and sorrows.

- STRONGLY DISAGREE.....1
- DISAGREE.....2
- AGREE3
- STRONGLY AGREE.....4
- REFUSED-1
- DON'T KNOW.....-2

SS030/(FAMILY_HELP). My family really tries to help me.

- STRONGLY DISAGREE.....1
- DISAGREE.....2
- AGREE3
- STRONGLY AGREE.....4
- REFUSED-1
- DON'T KNOW.....-2

SS040/(EMOTIONAL_HELP). I get the emotional help I need from my family.

- STRONGLY DISAGREE.....1
- DISAGREE.....2
- AGREE3
- STRONGLY AGREE.....4
- REFUSED-1
- DON'T KNOW.....-2

SS050/(SPECIAL_PERSON_COMFORT). I have a special person who is a source of comfort to me.

- STRONGLY DISAGREE.....1
- DISAGREE.....2
- AGREE3
- STRONGLY AGREE.....4
- REFUSED-1
- DON'T KNOW.....-2

SS060/(FRIENDS_HELP). My friends really try to help me.

- STRONGLY DISAGREE.....1
- DISAGREE.....2
- AGREE3
- STRONGLY AGREE.....4
- REFUSED-1
- DON'T KNOW.....-2

SS070/(FRIENDS_COUNT). I can count on my friends when things go wrong.

- STRONGLY DISAGREE.....1
- DISAGREE.....2
- AGREE3
- STRONGLY AGREE.....4
- REFUSED-1
- DON'T KNOW.....-2

SS080/(FAMILY_TALK). I can talk about my problems with my family.

- STRONGLY DISAGREE.....1
- DISAGREE.....2
- AGREE3
- STRONGLY AGREE.....4
- REFUSED-1
- DON'T KNOW.....-2

SS090/(FRIENDS_SHARE). I have friends with whom I can share joys and sorrows.

- STRONGLY DISAGREE.....1
- DISAGREE.....2
- AGREE3
- STRONGLY AGREE.....4
- REFUSED-1
- DON'T KNOW.....-2

SS100/(PERSON_CARING). There is a person in my life who cares about my feelings.

- STRONGLY DISAGREE.....1
- DISAGREE.....2
- AGREE3
- STRONGLY AGREE.....4
- REFUSED-1
- DON'T KNOW.....-2

SS120/(FAMILY_DECISIONS). My family is willing to help me make decisions.

- STRONGLY DISAGREE.....1
- DISAGREE.....2
- AGREE3
- STRONGLY AGREE.....4
- REFUSED-1
- DON'T KNOW.....-2

SS130/(FRIENDS_PROBLEMS). I can talk about my problems with my friends.

- STRONGLY DISAGREE.....1
- DISAGREE.....2
- AGREE3
- STRONGLY AGREE.....4
- REFUSED-1
- DON'T KNOW.....-2

(TIME_STAMP_SS_ET) PROGRAMMER INSTRUCTION:

- INSERT DATE/TIME STAMP

CHILD ACTIVITY

(TIME_STAMP_ACT_ST) PROGRAMMER INSTRUCTION:

- INSERT DATE/TIME STAMP

ACT001. Now I'd like to ask you some questions about {C_FNAME /the child}'s activities.

ACT010/(OVERALL_ACTIVITY). Thinking about {C_FNAME /the child}'s overall activity level, would you say {he/she} is ...

Less active than other children of {his/her} age,.....1
About as active,.....2
Slightly more active, or.....3
A lot more active than other children of {his/her} age?.....4
REFUSED.....-1
DON'T KNOW.....-2

ACT020/(CONCERN_OVERALL_ACTIVITY). Do you have any concerns about {C_FNAME /the child}'s overall activity level?

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

ACT030/(EVALUATE_OVERALL_ACTIVITY). Has {C_FNAME /the child} been evaluated by a professional in response to {his/her} overall activity level?

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

ACT040/(OVERALL_PHYSICAL_ACTIVITY). Now I want to ask you about {C_FNAME /the child}'s physical activities. Compared to other {boys/girls} {his/her} age, how physically active is C_FNAME /the child}? Is {he/she}...

More physically active than other {boys/girls},.....1
Less physically active than other {boys/girls}, or.....2
About the same as other {boys/girls}?.....3
REFUSED.....-1
DON'T KNOW.....-2

ACT050/(OUTSIDE_OVERALL_ACTIVITY). How many hours in a normal week would you say your child spends out of doors(assuming the weather is reasonable) - please include time spent playing, going to shops, etc.

Not at all 1
1-2 hours 2
3-6 hours 3
7-13 hours 4

14-20 hours	5
21 hours or more	6
REFUSED	-1
DON'T KNOW	-2

(TIME_STAMP_ACT_ET) PROGRAMMER INSTRUCTION:

- INSERT DATE/TIME STAMP

MEDIA EXPOSURE

(TIME_STAMP_VM_ST) PROGRAMMER INSTRUCTION:

- INSERT DATE/TIME STAMP

VM001. Now I would like to ask a few additional questions about how often {C_FNAME/the child} watches TV and videos. By watching, we mean that your child was in a place where {he/she} could see a television or other media that was on.

INTERVIEWER INSTRUCTIONS:

- FOR TV_ENTERTAIN, TV_EDUCATION, TV_RELAX, TV_OCCUPIED, TV_TEACH, AND TV_ON_TIME:
 - o IF USING SHOWCARDS, REFER PARENT/CAREGIVER TO SHOWCARD VM001.
 - o OTHERWISE, READ RESPONSE CATEGORIES TO PARENT/CAREGIVER.

PROGRAMMER INSTRUCTIONS:

- FOR TV_ENTERTAIN, TV_EDUCATION, TV_RELAX, TV_OCCUPIED, TV_TEACH, AND TV_ON_TIME:
 - o IF USING SHOWCARDS, DISPLAY RESPONSE CATEGORIES IN ALL CAPITAL LETTERS.
 - o OTHERWISE, DISPLAY RESPONSE CATEGORIES AS MIXED UPPER/LOWER CASE

VM010/(TV_ENTERTAIN). How often does {C_FNAME/the child} watch TV and/or videos and DVDs for entertainment?

EVERY DAY.....	1
5-6 DAYS A WEEK	2
2-4 DAYS A WEEK.....	3
ONCE A WEEK OR LESS	4
NEVER.....	5
REFUSED	-1
DON'T KNOW	-2

VM020/(TV_EDUCATION). How often does {C_FNAME/the child} watch TV and/or videos and DVDs for education?

EVERY DAY.....	1
5-6 DAYS A WEEK	2
2-4 DAYS A WEEK.....	3
ONCE A WEEK OR LESS	4
NEVER.....	5
REFUSED	-1
DON'T KNOW	-2

VM030/(TV_RELAX). How often does {C_FNAME/the child} watch TV and/or videos and DVDs to relax or calm them?

- EVERY DAY.....1
- 5-6 DAYS A WEEK2
- 2-4 DAYS A WEEK.....3
- ONCE A WEEK OR LESS4
- NEVER.....5
- REFUSED-1
- DON'T KNOW-2

VM040/(TV_OCCUPIED). How often does {C_FNAME/the child} watch TV and/or videos and DVDs to keep {himself/herself} occupied while you get other things done?

- EVERY DAY.....1
- 5-6 DAYS A WEEK2
- 2-4 DAYS A WEEK.....3
- ONCE A WEEK OR LESS4
- NEVER.....5
- REFUSED-1
- DON'T KNOW-2

VM060/(TV_ON_TIME). When someone is in the home, how often is the television on?

- All of the time.....1
- Most of the time.....2
- Sometimes.....3
- Rarely.....4
- Never.....5
- DO NOT HAVE A TV.....-7
- REFUSED.....-1
- DON'T KNOW.....-2

VM070. Which of the following kinds of programs does {he/she} watch?

VM080/(TV_PROG_CHILD). Children's programs on TV?

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

VM090/(TV_PROG_OTHER). Other programs on TV?

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

VM100(TV_VIDEO_CHILD). Children's videos?

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

VM110(TV_VIDEO_OTHER). Other videos?

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

VM115. Now I would like to ask a few additional questions about how often {C_FNAME/the child} reads books.

VM120(DAYS_READ). During the past week, how many days did you or other family members read stories to {C_FNAME/the child}?

|_|
NUMBER OF DAYS

- REFUSED-1
- DON'T KNOW-2

VM130(TOTAL_NUMBER_BOOKS). About how many children's books are there in your house, including library books? Please only include books that are for children.

|_|_|_|
NUMBER OF BOOKS

- REFUSED-1
- DON'T KNOW-2

(TIME_STAMP_VM_ET) PROGRAMMER INSTRUCTION:

- INSERT DATE/TIME STAMP

DIET

(TIME_STAMP_DT_ST) PROGRAMMER INSTRUCTION:

- INSERT DATE/TIME STAMP

DT001. Next, I have some questions about {C_FNAME/the child}'s eating habits.

DT010/(HEALTHY DIET). In general, how healthy is {his/her} overall diet? Would you say . . .

Excellent,.....	1
Very good,	2
Good,	3
Fair, or	4
Poor?	5
REFUSED.....	-1
DON'T KNOW.....	-2

DT020/(CHOICE FOODS). How much choice do you allow {C_FNAME /the child} in deciding what foods {he/she} eats at meals?

{He/She} can choose from any food available,	1
{He/She} is given a choice from a few alternatives that I select, or	2
I decide what {he/she} will eat?	3
I AM NEVER IN CHARGE OF PREPARING {HIS/HER} MEALS.....	-7
REFUSED.....	-1
DON'T KNOW.....	-2

DT021/(EAT_NON_FOOD). Does {he/she} eat dirt or other non-food substances?

Yes, every day	1
Yes, at least once a week	2
Yes, less than once a week	3
No, not at all	4
REFUSED	-1
DON'T KNOW	-2

DT030. The next questions ask about food {C_FNAME/the child} ate or drank during the past 7 days. Think about all the meals and snacks {C_FNAME/the child} had from the time {he/she} got up until {he/she} went to bed. Be sure to include food {C_FNAME/the child} ate at home, preschool, restaurants, play dates, anywhere else, and over the weekend.

DT040/(DRINK_MILK). During the past 7 days, how many times did {C_FNAME/the child} drink milk? Would you say...

Once a day,	1
Twice a day,.....	2
Three times a day,.....	3
Four or more times a day,	4
One to three times during the past 7 days,	5

Four to six times during the past 7 days, or6
 Your child did not drink milk during the past 7 days.....-7 **(DRINK_JUICE)**
 REFUSED..... -1
 DON'T KNOW..... -2

DT050/(DRINK_MOST_OFTEN). What kind of milk did your child usually (most often) drink during the past 7 days? Include all types of milk, including cow's milk, soy milk or any other kind of milk; include the milk {he/she} drank in a glass or cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass.

WHOLE MILK.....1 **(DRINK_JUICE)**
 2% MILK.....2 **(DRINK_JUICE)**
 SKIM MILK3 **(DRINK_JUICE)**
 LOW FAT OR 1% MILK.....4 **(DRINK_JUICE)**
 SOY MILK5 **(DRINK_JUICE)**
 EQUAL AMOUNTS OF REGULAR COW'S MILK
 AND SOYMILK.....6 **(DRINK_JUICE)**
 SOME OTHER KIND OF MILK.....-5
 REFUSED.....-1 **(DRINK_JUICE)**
 DON'T KNOW..... -2 **(DRINK_JUICE)**

DT055/(DRINK_MOST_OFTEN_OTH).

SPECIFY _____

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

PROGRAMMER INSTRUCTION:

- LIMIT FREE TEXT TO 255 CHARACTERS.

INTERVIEWER INSTRUCTIONS:

- FOR **DRINK_JUICE, DRINK_SODA, EAT_FRUIT, EAT_VEGES, EAT_FAST_FOOD, EAT_CANDY, AND EAT_CHIPS:**
 - o IF USING SHOWCARDS, REFER PARENT/CAREGIVER TO SHOWCARD DT001.
 - o OTHERWISE, READ RESPONSE CATEGORIES TO PARENT/CAREGIVER.
- RE-READ INTRODUCTORY STATEMENT (During the past 7 days ...?) AS NEEDED FOR ITEMS BELOW.

PROGRAMMER INSTRUCTIONS:

- FOR **DRINK_JUICE, DRINK_SODA, EAT_FRUIT, EAT_VEGES, EAT_FAST_FOOD, EAT_CANDY, AND EAT_CHIPS:**
 - o IF USING SHOWCARDS, DISPLAY RESPONSE CATEGORIES IN ALL CAPITAL LETTERS.
 - o OTHERWISE, DISPLAY RESPONSE CATEGORIES AS MIXED UPPER/LOWER CASE

DT060/(DRINK_JUICE) During the past 7 days, how many times did your child drink 100% fruit juices such as orange juice, apple juice, or grape juice? Do not count punch, Sunny Delight, Kool-Aid, sports drinks, or other fruit-flavored drinks.

- 1 TIME PER DAY.....1
- 2 TIMES PER DAY2
- 3 TIMES PER DAY3
- 4 OR MORE TIMES PER DAY4
- 1 TO 3 TIMES DURING THE PAST 7 DAYS 5
- 4 TO 6 TIMES DURING THE PAST 7 DAYS 6
- CHILD DID NOT DRINK 100% FRUIT JUICE DURING THE PAST 7 DAYS..... -7
- REFUSED..... -1
- DON'T KNOW..... -2

DT070/(DRINK_SODA). During the past 7 days, how many times did your child drink soda pop (for example, Coke, Pepsi, or Mountain Dew), sports drinks (for example, Gatorade), or fruit drinks that are not 100% fruit juice (for example, Kool-Aid, Sunny Delight, Hi-C, Fruitopia, or Fruitworks)?

- 1 TIME PER DAY.....1
- 2 TIMES PER DAY2
- 3 TIMES PER DAY3
- 4 OR MORE TIMES PER DAY4
- 1 TO 3 TIMES DURING THE PAST 7 DAYS5
- 4 TO 6 TIMES DURING THE PAST 7 DAYS6
- CHILD DID NOT DRINK ANY SODA DURING THE PAST 7 DAYS.....-7
- REFUSED.....-1
- DON'T KNOW..... -2

DT080/(EAT_FRUIT). During the past 7 days, how many times did your child eat fresh fruit, such as apples, bananas, oranges, berries or other fruit such as applesauce, canned peaches, canned fruit cocktail, frozen berries, or dried fruit? Do not count fruit juice.

- 1 TIME PER DAY.....1
- 2 TIMES PER DAY2
- 3 TIMES PER DAY3
- 4 OR MORE TIMES PER DAY4
- 1 TO 3 TIMES DURING THE PAST 7 DAYS5
- 4 TO 6 TIMES DURING THE PAST 7 DAYS6
- CHILD DID NOT EAT FRUIT DURING THE PAST 7 DAYS..... -7
- REFUSED..... -1
- DON'T KNOW..... -2

DT090/(EAT_VEGES). During the past 7 days, how many times did your child eat vegetables other than French fries and other fried potatoes? Include vegetables like those served as a stir fry, soup, or stew, in your response.

- 1 TIME PER DAY.....1
- 2 TIMES PER DAY2
- 3 TIMES PER DAY3
- 4 OR MORE TIMES PER DAY4
- 1 TO 3 TIMES DURING THE PAST 7 DAYS 5
- 4 TO 6 TIMES DURING THE PAST 7 DAYS 6
- CHILD DID NOT EAT OTHER VEGETABLES
DURING THE PAST 7 DAYS -7
- REFUSED.....-1
- DON'T KNOW..... -2

DT100/(EAT_FAST_FOOD). During the past 7 days, how many times did your child eat a meal or snack from a fast food restaurant such as McDonald's, Pizza Hut, Burger King, Kentucky Fried Chicken, Taco Bell, Wendy's and so on? Consider both eating out, carry out, and delivery of meals in your response.

- 1 TIME PER DAY.....1
- 2 TIMES PER DAY2
- 3 TIMES PER DAY3
- 4 OR MORE TIMES PER DAY4
- 1 TO 3 TIMES DURING THE PAST 7 DAYS5
- 4 TO 6 TIMES DURING THE PAST 7 DAYS6
- CHILD DID NOT EAT FOOD FROM A FAST FOOD
RESTAURANT DURING THE PAST 7 DAYS-7
- REFUSED.....-1
- DON'T KNOW.....-2

DT110/(EAT_CANDY). During the past 7 days, how many times did your child eat candy (including Fruit Roll-Ups and similar items), ice cream, cookies, cakes, brownies, or other sweets?

- 1 TIME PER DAY.....1
- 2 TIMES PER DAY2
- 3 TIMES PER DAY3
- 4 OR MORE TIMES PER DAY4
- 1 TO 3 TIMES DURING THE PAST 7 DAYS 5
- 4 TO 6 TIMES DURING THE PAST 7 DAYS 6
- CHILD DID NOT EAT ANY SWEETS DURING
THE PAST 7 DAYS..... -7
- REFUSED..... -1
- DON'T KNOW..... -2

DT120/(EAT_CHIPS). During the past 7 days, how many times did your child eat potato chips, corn chips such as Fritos or Doritos, Cheetos, pretzels, popcorn, crackers or other salty snack foods?

- 1 TIME PER DAY.....1
- 2 TIMES PER DAY2
- 3 TIMES PER DAY3
- 4 OR MORE TIMES PER DAY4
- 1 TO 3 TIMES PER DAY5
- 4 TO 6 TIMES DURING THE PAST 7 DAYS 6
- CHILD DID NOT EAT ANY SALTY SNACKS
DURING THE PAST 7 DAYS -7
- REFUSED.....-1
- DON'T KNOW..... -2

PROGRAMMER INSTRUCTION:

- LIMIT FREE TEXT TO 255 CHARACTERS.

(TIME_STAMP_DT_ET) PROGRAMMER INSTRUCTION:

- INSERT DATE/TIME STAMP

OVER/UNDERWEIGHT

(TIME_STAMP_OW_ST) PROGRAMMER INSTRUCTION:

- INSERT DATE/TIME STAMP

OW001. I would like to ask a few health related questions about {C_FNAME/the child}.

OW010/(OVERWEIGHT_RESP). Do you consider {C_FNAME/the child} now to be...

Overweight,.....1
Underweight, or.....2
About the right weight?.....3
REFUSED-1
DON'T KNOW.....-2

OW020/(OVERWEIGHT_DOCTOR). In the past six months, has a doctor or health professional ever told you that {C_FNAME/the child} was overweight?

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

OW030/(UNDERWEIGHT_DOCTOR). In the past six months, has a doctor or health professional ever told you that {C_FNAME/the child} was underweight?

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

OW040/(CONTROL_WEIGHT). Are you now doing anything to help {C_FNAME/the child} control {his/her} weight?

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

(TIME_STAMP_OW_ET) PROGRAMMER INSTRUCTION:

- INSERT DATE/TIME STAMP

MENTORING OR PARENT SUPPORT

(TIME_STAMP_MPS_ST) PROGRAMMER INSTRUCTION:

- INSERT DATE/TIME STAMP

MP001/(PARENT_SUPP_ANY). In the past 6 months have you or anyone in your household received any type of parenting support, training, or mentoring such as from a nurse, a doctor, a neighbor, or your mother or mother in-law?

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

MP010/(PARENT_SUPP_CLASSES). Did you attend any parenting classes/workshops/conferences?

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

MP020/(PARENT_SUPP_GROUP). Did you participate in a parent support group?

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

MP030/(PARENT_SUPP_COUNSEL). Did you seek counseling from a mental health, healthcare, or other professional (i.e., clergy) to discuss parenting issues?

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

MP040/(PARENT_SUPP_BOOKS). Did you receive parenting information from books, magazines, instructional videos/DVDs?

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

MP050/(PARENT_SUPP_FRIEND). Do you have a friend, neighbor, or family member who you can go to for parenting advice or guidance?

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

(TIME_STAMP_MPS_ET) PROGRAMMER INSTRUCTION:

- INSERT DATE/TIME STAMP

PARENTAL STRESS

(TIME_STAMP_PRS_ST) PROGRAMMER INSTRUCTION:

- INSERT DATE/TIME STAMP

PRS001. Now I would like to ask you a few questions about your feelings and thoughts during the last month. In each case, you will be asked to indicate how often you felt or thought a certain way.

INTERVIEWER INSTRUCTIONS:

- FOR **UPSET_UNEXPECTED, CONTROL_LIFE, STRESSED, HANDLE_PROBLEMS, GOING_YOUR_WAY, NOT_COPE, CONTROL_IRRITATIONS, TOP_THINGS, OUTSIDE_CONTROL, AND DIFFICULTIES_OVERCOME:**
 - o IF USING SHOWCARDS, REFER PARENT/CAREGIVER TO SHOWCARD PRS001.
 - o OTHERWISE, READ RESPONSE CATEGORIES TO PARENT/CAREGIVER.

PROGRAMMER INSTRUCTIONS:

- FOR **UPSET_UNEXPECTED, CONTROL_LIFE, STRESSED, HANDLE_PROBLEMS, GOING_YOUR_WAY, NOT_COPE, CONTROL_IRRITATIONS, TOP_THINGS, OUTSIDE_CONTROL, AND DIFFICULTIES_OVERCOME:**
 - o IF USING SHOWCARDS, DISPLAY RESPONSE CATEGORIES IN ALL CAPITAL LETTERS.
 - o OTHERWISE, DISPLAY RESPONSE CATEGORIES AS MIXED UPPER/LOWER CASE.

PRS010/(UPSET_UNEXPECTED). In the last month, how often have you been upset because of something that happened unexpectedly?

- NEVER.....1
- ALMOST NEVER.....2
- SOMETIMES.....3
- FAIRLY OFTEN.....4
- VERY OFTEN.....5
- REFUSED.....-1
- DON'T KNOW.....-2

PRS020/(CONTROL_LIFE). In the last month, how often have you felt that you were unable to control the important things in your life?

- NEVER.....1
- ALMOST NEVER.....2
- SOMETIMES.....3
- FAIRLY OFTEN.....4
- VERY OFTEN.....5
- REFUSED.....-1
- DON'T KNOW.....-2

PRS030/(STRESSED). In the last month, how often have you felt nervous and “stressed”?

- NEVER.....1
- ALMOST NEVER.....2
- SOMETIMES.....3
- FAIRLY OFTEN.....4
- VERY OFTEN.....5
- REFUSED.....-1
- DON'T KNOW.....-2

PRS040/(HANDLE PROBLEMS). In the last month, how often have you felt confident about your ability to handle your personal problems?

- NEVER.....1
- ALMOST NEVER.....2
- SOMETIMES.....3
- FAIRLY OFTEN.....4
- VERY OFTEN.....5
- REFUSED.....-1
- DON'T KNOW.....-2

PRS050/(GOING YOUR WAY). In the last month, how often have you felt that things were going your way?

- NEVER.....1
- ALMOST NEVER.....2
- SOMETIMES.....3
- FAIRLY OFTEN.....4
- VERY OFTEN.....5
- REFUSED.....-1
- DON'T KNOW.....-2

PRS060/(NOT COPE). In the last month, how often have you found that you could not cope with all the things that you had to do?

- NEVER.....1
- ALMOST NEVER.....2
- SOMETIMES.....3
- FAIRLY OFTEN.....4
- VERY OFTEN.....5
- REFUSED.....-1
- DON'T KNOW.....-2

PRS070/(CONTROL_IRRITATIONS). In the last month, how often have you been able to control irritations in your life?

- NEVER.....1
- ALMOST NEVER.....2
- SOMETIMES.....3
- FAIRLY OFTEN.....4
- VERY OFTEN.....5
- REFUSED.....-1
- DON'T KNOW.....-2

PRS080/(TOP_THINGS). In the last month, how often have you felt that you were on top of things?

- NEVER.....1
- ALMOST NEVER.....2
- SOMETIMES.....3
- FAIRLY OFTEN.....4
- VERY OFTEN.....5
- REFUSED.....-1
- DON'T KNOW.....-2

PRS090/(OUTSIDE_CONTROL). In the last month, how often have you been angered because of things that were outside of your control?

- NEVER.....1
- ALMOST NEVER.....2
- SOMETIMES.....3
- FAIRLY OFTEN.....4
- VERY OFTEN.....5
- REFUSED.....-1
- DON'T KNOW.....-2

PRS100/(DIFFICULTIES_OVERCOME). In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

- NEVER.....1
- ALMOST NEVER.....2
- SOMETIMES.....3
- FAIRLY OFTEN.....4
- VERY OFTEN.....5
- REFUSED.....-1
- DON'T KNOW.....-2

(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_PRS_ET) PROGRAMMER INSTRUCTION:

- INSERT DATE/TIME STAMP