

OMB No.: 0970-0402

Expiration Date:

ATTACHMENT 1: FAMILY FOLLOW-UP SURVEY

OMB No.: 0970-0402

Expiration Date:

MATHEMATICA
Policy Research

MIHOPE

40008.A05

MIHOPE

15-Month Follow-Up Survey

CATI Requirements

October 31, 2012

CALL-IN

FILL RESPONDENT PHONE NUMBER AND EXTENSION FROM PRELOAD

MakeDialPhone.

PHONE NUMBER DETAILS:

PHONE NUMBER= [PHONE NUMBER]

EXTENSION= [EXTENSION]

CODE ONE ONLY

AUTO DIAL	1	CallDialer
MANUAL DIAL	2	DialResult
QUICK EXIT	3	Finished
RESPONDENT CALLING IN	4	Hello

MAKEDIALPHONE=1

CallDialer.

INTERVIEWER: PLEASE CLICK ON THE BUTTON IN THE FIELD WITH THREE DOTS TO MAKE THE CALL.

CALL OUT

DialResult.

INTERVIEWER: CODE RESULT OF DIALING

CODE ONE ONLY

SOMEONE ANSWERS.....	1	Hello
NO ANSWER	2	LeaveCase
BUSY.....	3	LeaveCase
ANSWERING MACHINE	4	Verified
ANSWERING SERVICE	5	AnsService
PRIVACY MANAGER	6	Finished
PHONE/LINE PROBLEMS	7	PhoneProb
CHANGED TO NEW NUMBER	8	PhoneNumber

DIALRESULT=4

NAME FROM PRELOAD

Verified.

INTERVIEWER: DID RECORDING VERIFY [NAME] AT THIS NUMBER?

CODE ONE ONLY

YES1 Finished

NO0 Finished

DIALRESULT=5

AnsService.

INTERVIEWER: IS THIS THE ANSWERING SERVICE FOR [NAME]?

CODE ONE ONLY

YES, [NAME]'S ANSWERING SERVICE1 Finished

NO, DEFINITELY NOT [NAME]'S ANSWERING SERVICE2 Finished

DON'T KNOW, WOULDN'T SAY, NO NAME WAS GIVEN3 AnsOther

ANSSERVICE=3

AnsOther.

INTERVIEWER: PLEASE ENTER WHAT WAS SAID

_____ (STRING 100) Finished

AnsOther

DIALRESULT=7

PhoneProb.

INTERVIEWER: CODE PHONE PROBLEM

NOT IN SERVICE; DISCONNECTED; NOT WORKING1 Finished

TEMPORARILY NOT IN SERVICE2 Finished

CIRCUIT PROBLEMS; CIRCUITS OVERLOADED	3	Finished
FAST BUSY; FAST RING; NO RING	4	Finished
COMPUTER/FAX LINE.....	5	Finished
PAGER.....	6	Finished
CELL PHONE	7	Finished
OTHER PHONE DEVICE.....	8	Finished

DIALRESULT=1

Hello. Hello, my name is [INTERVIEWER NAME]. I am calling on behalf of Mathematica Policy Research in Princeton, New Jersey. May I please speak to [NAME]?

CODE ONE ONLY

SPEAKING TO [NAME]	1	SampMemb
[NAME] COMES TO THE PHONE	2	SampMemb
PERSON ASKS WHAT CALL IS ABOUT	3	WhatAbout
NEED TO CALL BACK	4	CallBack
NEVER HEARD OF [NAME]/WRONG NUMBER.....	5	PhoneCheck

HELLO=3

WhatAbout. I'm calling to conduct a follow-up interview for the MIHOPE study. May I speak with [NAME]? IF RE-ENTRY: I'm calling to finish the interview we are conducting with [NAME]. When is a good time to reach [NAME]?

CODE ONE ONLY

[NAME] COMES TO THE PHONE	1	SampMemb
NEED TO CALL BACK	2	CALLBACK
SUPERVISOR REVIEW	3	Finished

WHATABOUT=1 OR HELLO=1,2 AND RE-ENTRY

SampMemb. I'm calling to finish the interview we are conducting for the MIHOPE study. Is now a good time?

CONTINUE INTERVIEW 1 NextQuestion
NOT A GOOD TIME..... 2 CallBack

INSERT UNIVERSE

CallBack. When would be a good time to call back?

INTERVIEWER: MAKE APPOINTMENT USING THE PARALLEL BLOCK

HELLO=5

Fill PHONE NUMBER from preload

PhoneCheck. I'm sorry, I must have misdialed. I thought I dialed [PHONE NUMBER]. Can you tell me what number I've reached to see what kind of mistake I made?

CODE ONE ONLY

RIGHT NUMBER, NO SUCH PERSON 1 WRONGNUMBER
WRONG CONNECTION/MISDIAL 2 THANKS
SUPERVISOR REVIEW REQUIRED 3 THANKS
REFUSED TO CONFIRM NUMBER 4 THANKS

PHONECHECK=1 AND RE-ENTRY

WrongNumber. I'm [INTERVIEWER NAME] from Mathematica Policy Research in Princeton, New Jersey. I thought we'd recently spoken to someone there and according to the information I have, we were supposed to call back to interview [NAME]. There must have been some mistake.

Thanks you for your help. I'll turn this over to my supervisor.

DIALRESULT=8

PhoneNumber. Please give me the telephone number, area code first.

|_|_|_| - |_|_|_| - |_|_|_|_|

HaveExten

DIALRESULT=8 OR

HaveExten. Is there an extension number?

PROGRAMMER: DISPLAY PHONE NUMBER

YES	1	EXTENSION
NO	0	TIMEZONE

HAVEEXTEN=1

Extension. What is the extension number?

PROGRAMMER: DISPLAY PHONE NUMBER

_ _ _ _ EXTENSION	TIMEZONE
(0-9999)	

DIALRESULT=8

FILL TIMEZONE FROM PRELOAD

TimeZone. What time zone is that in?

PROGRAMMER: DISPLAY CURRENT TIME ZONE

CODE ONE ONLY

HAWAII/ALEUTIAN TIME ZONE	2
ALASKA TIME ZONE.....	3
PACIFIC TIME ZONE	4
MOUNTAIN TIME ZONE	5
CENTRAL TIME ZONE.....	6
EASTERN TIME ZONE.....	7
ATLANTIC TIME ZONE	8
NEWFOUNDLAND	9
OTHER INTERNATIONAL TIME ZONE	98

INSERT UNIVERSE

ObservedDST. Is Daylight Saving Time observed in the area?

YES 1
NO 0
DON'T KNOW d
REFUSED r

INSERT UNIVERSE

PhoneType. Is this a home phone, business phone or a cell phone?

CODE ONE ONLY

HOME PHONE 1
OFFICE PHONE 2
HOME AND OFFICE PHONE 3
CELL PHONE 4
PAGER 5
COMPUTER/FAX LINE 6
OTHER 7

INSERT UNIVERSE

TimeOfDay. Should this number be used only at certain times of day?

CODE ONE ONLY

ANYTIME 1
DAYTIME ONLY 2
EVENING ONLY 3

INSERT UNIVERSE

FILL CONTACT INFORMATION FROM PREVIOUS ITEMS

Confirm.

PROGRAMMER: FILL CONTACT INFORMATION FROM PREVIOUS ITEMS
INTERVIEWER: CONFIRM THE INFO ABOVE WITH RESPONDENT, THEN PRESS ENTER.

ALL

IF RESPONDENT=NAME, 'As you may remember, the'; IF NEW RESPONDENT, 'The'

SC2. We previously interviewed you for the MIHOPE study in (MONTH) of (YEAR). Now that your child is about 15 months old, we'd like to speak with you again to learn about [CHILD]'s development and to ask some questions about your family.

I will ask you some questions and type in your answers. This interview should take about an hour to complete. There are no right or wrong answers to these questions. The things you tell me are very important, so please be as accurate as possible.

You may stop me at any time, and you may ask me to go back to earlier questions to change your answers. If I ask you something that you are uncomfortable answering, just tell me and I will move on to the next question.

Everything we talk about today is completely private. Also, you should know that this interview has been approved by the federal Office of Management and Budget or OMB. We're not allowed to ask you these questions and you don't have to answer them unless there is a valid OMB control number. For this interview, the OMB control number is 0970-0402 and it expires XX/XX/XXXX. All of the study results will be reported for groups of parents; no results will be analyzed or reported for individuals.

Your participation is completely voluntary. When we finish, Mathematica will send you a \$25 gift card to thank you for your help.

If you have any questions at any time during the interview, please feel free to ask them. Do you have any questions before we begin?

YES 1 FAQ
NO 0
DON'T KNOW d
REFUSED r

ALL

SC3. First, I'd like to confirm the spelling of your name. Could you spell your name for me?

DISPLAY NAME AS INTERVIEWER NOTE

INTERVIEWER: SPELL NAME FOR RESPONDENT.

PROGRAMMER: ALLOW RESPONDENT INFO TO BE ENTERED/REVISED IN INFO SCREEN. FIRST, HAVE INTERVIEWER INDICATE WHETHER THE NAME IS SPELLED CORRECTLY, THEN IF INCORRECT, ALLOW NAME TO BE REVISED,

_____ (STRING (15))
FIRST NAME

_____ (STRING (15))
MIDDLE INITIAL/NAME

_____ (STRING (30))
LAST NAME

DON'T KNOWd

REFUSEDr

ALL

SC4. Do you go by any other name?

YES1

NO0 SC6

DON'T KNOWd SC6

REFUSEDr SC6

SC4=1

SC5. What is that name? ENTER NAME

_____ (STRING (99))

DON'T KNOWd

REFUSEDr

PROGRAMMER: GO TO INFO SCREEN AND LOAD UNDER "OTHER NAME"

NEW RESPONDENTS

Fill PARENT'S DOB from PRELOAD

SC6DOB. What is your birth date?

|_|_|/|_|_|/|_|_|_|_|
MONTH DAY YEAR
(RANGE) (RANGE) (RANGE)

IF DOB IS LESS THAN 15 YEARS OLD, GO TO SUPERVISOR REVIEW

DOB CORRECT.....1

DOB INCORRECT.....2

DON'T KNOWd SC7

REFUSEDr SC7

ALL

Fill PARENT'S DOB from PRELOAD

SC6. What is your birth date?

PROGRAMMER: DISPLAY DOB AS INTERVIEWER NOTE

PROGRAMMER: ALLOW BIRTH DATE INFO TO BE ENTERED/REVISED IN INFO SCREEN

INTERVIEWER: COMPARE RESPONSE WITH BIRTH DATE DISPLAYED

|_|_|/|_|_|/|_|_|_|_| (1963 – 1998)
MONTH DAY YEAR

IF DOB IS LESS THAN 15 YEARS OLD, GO TO SUPERVISOR REVIEW

DON'T KNOWd SC7

REFUSEDr SC7

SC6=d, r

SC7. How old are you?

|_|_| YEARS (15 – 50)

IF AGE IS LESS THAN 15 YEARS, GO TO SUPERVISOR REVIEW

DON'T KNOWd

REFUSEDr

PREGNANT AT BASELINE

Fill CHILD from PRELOAD

SC11. Now, I would like to make sure we have [CHILD]'s name recorded correctly. (IF MULTIPLE BIRTH =1: We realize that [CHILD] was part of a multiple birth. For the purposes of this study, all questions we ask will pertain to [CHILD].

PROGRAMMER: DISPLAY CHILD'S NAME AS INTERVIEWER NOTE

INTERVIEWER: VERIFY SPELLING

NAME CORRECT1 SC13

NAME INCORRECT2

DON'T KNOWd

REFUSEDr

INTERVIEWER: IF RESPONDENT GIVES DIFFERENT NAME, MAKE SURE YOU ARE TALKING ABOUT THE RIGHT CHILD AND CORRECT FIRST NAME. IF THE NAME IS CORRECT, PRESS ENTER.

NON-PREGNANT MOMS OR SC8=0

Fill CHILD from SC11 OR SC12

SC13. Is [CHILD] a boy or a girl?

INTERVIEWER: CONFIRM IF ALREADY KNOWN

CODE ONE ONLY

BOY1

GIRL2

DON'T KNOWd

REFUSEDr

NON-PREGNANT MOMS OR SC8=0

Fill CHILD from SC11 OR SC12

SC14. What is [CHILD]'s birth date?

DISPLAY CHILD'S DOB AS INTERVIEWER NOTE

____/____/____ (2011 - 2014; DATE MUST BE BEFORE DATE OF MONTH DAY YEAR INTERVIEW; FUTURE DATES NOT ALLOWED; DATE MUST BE 6 MONTHS OR SOONER FROM DATE OF INTERVIEW)

IF DATE OUT OF RANGE, GO TO SUPERVISOR REVIEW

PROGRAMMER: ALLOW BIRTH DATE INFO TO BE ENTERED/REVISED IN INFO SCREEN

DON'T KNOWd

REFUSEDr

HH. ABOUT THE HOUSEHOLD

ALL

HHIntro. The next questions are about the makeup of your house where [CHILD] lives.

INTERVIEWER: ENTER 1 TO CONTINUE

NEW RESPONDENTS

HH1. Are you of Hispanic, Latino, or Spanish origin?

INTERVIEWER: IF YES, ASK: What is your origin?

CODE ONE ONLY

- NO, NOT OF HISPANIC, LATINO OR SPANISH ORIGIN0
- YES, MEXICAN, MEXICAN AMERICAN, CHICANO1
- YES, PUERTO RICAN2
- YES, CUBAN3
- YES, ANOTHER HISPANIC, LATINO OR SPANISH ORIGIN4
- DON'T KNOWd
- REFUSEDf

NEW RESPONDENTS

HH2. What is your race? You may name one or more.

INTERVIEWER: CODE ALL RESPONSES. ASK: Any other?

CODE ALL THAT APPLY

- WHITE11
- BLACK OR AFRICAN AMERICAN12
- AMERICAN INDIAN OR ALASKA NATIVE13
- ASIAN INDIAN14
- CHINESE15
- FILIPINO16
- JAPANESE17
- KOREAN18
- VIETNAMESE19
- OTHER ASIAN20
- NATIVE HAWAIIAN21

GUAMANIAN OR CHAMORRO22
 SAMOAN.....23
 OTHER PACIFIC ISLANDER24
 OTHER (SPECIFY).....99
 _____ (STRING (20))
 DON'T KNOWd
 REFUSEDr

NEW RESPONDENTS

HH3. Is any language other than English spoken in your home?

YES1 HH4
 NO0
 DON'T KNOWd
 REFUSEDr

HH3=1

HH4. What other languages are spoken in your home?

CODE ALL THAT APPLY

FRENCH11
 SPANISH12
 CAMBODIAN (KHMER)13
 CHINESE14
 HAITIAN CREOLE15
 HMONG.....16
 JAPANESE17
 KOREAN18
 VIETNAMESE19
 ARABIC.....20
 OTHER (SPECIFY).....99
 _____ (STRING (20))
 DON'T KNOWd
 REFUSEDr

IF OTHER SPECIFY (99): **What other language?** (STRING 100)

RESPONDENT REPORTED MORE THAN ONE LANGUAGE IN HH4

HH4a. Which of these languages is spoken most often in your home?

PROGRAMMER: DISPLAY ONLY LANGUAGES PROVIDED IN C4

CODE ONE ONLY

French	11
Spanish	12
Cambodian (Khmer).....	13
Chinese	14
Haitian Creole	15
Hmong	16
Japanese	17
Korean	18
Vietnamese	19
Arabic	20
Other (Specify)	99
_____ (STRING (20))	
DON'T KNOW	d
REFUSED	r

HH3=1

Fill LAN from HH4

HH5. How well do you speak [LAN]? Would you say . . .

CODE ONE ONLY

Very well,.....	1
Well,.....	2
Not very well, or	3
Not at all?	4
DON'T KNOW	d
REFUSED	r

HH3=1

Fill LAN from HH4

HH6. How well do you speak English? Would you say . . .

CODE ONE ONLY

Very well,..... 1
Well,..... 2
Not very well, or 3
Not at all? 4
 DON'T KNOW d
 REFUSED r

NEW RESPONDENTS

HH7. In what country were you born?

CODE ONE ONLY

USA059
 MEXICO303
 GUATEMALA313
 CUBA327
 DOMINICAN REPUBLIC.....329
 INDIA210
 CHINA207
 PHILIPPINES233
 JAPAN215
 KOREA217
 VIETNAM247
 GUAM066
 SAMOA527
 OTHER (SPECIFY).....600
 _____ (STRING (NUM))
 DON'T KNOW d
 REFUSED r

IF OTHER SPECIFY (600): **What other country?**

ALL

HH8. Besides you and [CHILD] does anyone else live in your household?

YES 1
 NO0

PROGRAMMER BEGIN LOOP

START BY COLLECTING ALL PERSONS NAMES FIRST. THEN ASK FOR DOB, GENDER, AND RELATIONSHIP TO [CHILD] FOR EACH MEMBER OF THE HOUSEHOLD.

DISPLAY THE RESPONDENT'S NAME IN ROW 1 OF THE ROSTER AND DISPLAY CHILD IN ROW 2.

MAX NUMBER OF PEOPLE IN HOUSEHOLD =18.

DOB RANGES: MONTH= 1-12; DAY= 1-31

YEAR= 1900-2012

AT DOB, DISPLAY INTERVIEWER NOTE: ENTER A DK TO GET TO YEAR OF BIRTH QUESTION

HH9. Starting with the oldest person, please tell me the names of all the other people who normally live here.

INTERVIEWER: IF R IS UNCOMFORTABLE, YOU CAN ASK THEM TO PROVIDE INITIALS ONLY AND NO NAMES. IF R IS UNCOMFORTABLE GIVING DATES OF BIRTH, SHE CAN JUST GIVE YEAR OF BIRTH

PROBE: Who else lives here?

WHAT IS [NAME]'S AGE?

IS [NAME] MALE OR FEMALE?

WHAT IS [NAME]'S RELATIONSHIP TO ([CHILD]/YOUR UNBORN CHILD)?

PROBE; IF RESPONDENT SAYS "MOTHER", PROBE: **Are you the biological mother, adoptive mother or step mother?**

PROBE: IF RESPONDENT SAYS "FATHER", PROBE: **Are you the biological father, adoptive father or step father?**

RELATIONSHIP CODES:

BIOLOGICAL FATHER	12
ADOPTIVE MOTHER	13
ADOPTIVE FATHER.....	14
STEPMOTHER	15
STEPFATHER	16
GRANDMOTHER.....	17
GRANDFATHER	18
GREAT GRANDMOTHER	19
GREAT GRANDFATHER	20
SISTER/STEPSISTER.....	21
BROTHER/STEPBROTHER	22
OTHER RELATIVE OR IN-LAW (FEMALE)	23
OTHER RELATIVE OR IN-LAW (MALE).....	24
FOSTER PARENT (FEMALE)	25

FOSTER PARENT (MALE).....	26
OTHER NON-RELATIVE (FEMALE).....	27
OTHER NON-RELATIVE (MALE).....	28
PARENT'S PARTNER (FEMALE).....	29
PARENT'S PARTNER (MALE).....	30

	Q# NAME	Q# (DOB)	Q# GENDER	Q# RELATIONSHIP
a.	_____ (STRING (20))	_ _ / _ _ / _ _ _ _	_ _	_ _
b.	_____ (STRING (20))	_ _ / _ _ / _ _ _ _	_ _	_ _
c.	_____ (STRING (20))	_ _ / _ _ / _ _ _ _	_ _	_ _
d.	_____ (STRING (20))	_ _ / _ _ / _ _ _ _	_ _	_ _
e.	_____ (STRING (20))	_ _ / _ _ / _ _ _ _	_ _	_ _
f.	_____ (STRING (20))	_ _ / _ _ / _ _ _ _	_ _	_ _

END LOOP
END LOOP AT LAST HOUSEHOLD MEMBER.
ALL RESPONDENTS GO TO HH9

ALL

HH10. Do you have a spouse or partner who lives in this household?

- YES..... 1
- NO..... 0
- DON'T KNOW..... d
- REFUSED..... r

HH10 = 1

HH11. What is your spouse or partner's first name?

- _____ (STRING 15)
- DON'T KNOW..... d

REFUSED..... r

HH10 = 1

HH12. How old is [SPOUSE FIRST NAME]?

|_|_| AGE (15 – 99)

DON'T KNOW..... d

REFUSED..... r

HH10 = 1

HH13. Is [SPOUSE FIRST NAME] male or female?

MALE 1

FEMALE..... 2

DON'T KNOW..... d

REFUSED..... r

HH9 = 1

HH14. What is [SPOUSE FIRST NAME]'s relationship to [CHILD]?

MOTHER/FEMALE GUARDIAN..... 1

FATHER/MALE GUARDIAN..... 6

SISTER 11

BROTHER 17

GIRLFRIEND OR PARTNER OF CHILD'S
PARENT/GUARDIAN 23

BOYFRIEND OR PARTNER OF CHILD'S
PARENT/GUARDIAN 24

GRANDMOTHER 25

GRANDFATHER..... 26

AUNT 27

UNCLE 28

COUSIN 29

OTHER RELATIVE 30

OTHER NON-RELATIVE..... 31

DON'T KNOW..... d

REFUSED..... r

CH. CHILD HEALTH AND DEVELOPMENT

ALL

CHIntro. The next questions are about [CHILD]'s health.

INTERVIEWER: ENTER 1 TO CONTINUE

PREGNANT AT BASELINE

FILL CHILD'S GENDER, CHILD'S NAME FROM PRELOAD

CH1. After [CHILD] was born, how long did [he/she] stay in the hospital?

CODE ONE ONLY

- LESS THAN 24 HOURS (LESS THAN 1 DAY), 1
- 24 TO 48 HOURS (1 TO 2 DAYS), 2
- 3 TO 5 DAYS, 3
- 6 TO 14 DAYS, 4
- MORE THAN 14 DAYS, 5
- BABY NOT BORN IN HOSPITAL 6
- BABY IS STILL IN THE HOSPITAL 7
- DON'T KNOW d
- REFUSED r

CH1 LT 6

CH2. Were any of these days in the Neonatal Intensive Care Unit (NICU), or were they all in the regular nursery?

PROBE: NICU—also known as a newborn intensive care unit, intensive care nursery (ICN), or special care baby unit (SCBU)—is an intensive care unit specializing in the care of ill or premature newborn infants

- YES, ALL IN NICU 1
- YES, SOME IN NICU 2
- NO, ALL IN REGULAR NURSERY 3
- DON'T KNOW d
- REFUSED r

CH2=1 OR 2

CH3. How long did [CHILD] stay in the neonatal intensive care unit (NICU) after birth?

|_|_|_|_| DAYS
(1-180)

DON'T KNOWd

REFUSEDr

SOFT CHECK: IF GT CH2; I recorded that [CHILD] was in the hospital for [CH1] but was in the NICU for [CH3]. Is that correct?

ALL

CH4. Is there a place you usually take [CHILD] for well child care, such as shots (vaccinations) and routine exams?

YES1

NO0

DON'T KNOWd

REFUSEDr

ALL

CH5. Was [CHILD] seen by a doctor, nurse, or other health care worker for a one week check-up after (he/she) was born?

YES1

NO0

DON'T KNOWd

REFUSEDr

ALL

CH6. Was [CHILD] seen by a doctor, nurse, or other health care worker for (his/her) 12-month well-child check-up?

YES1

NO0

DON'T KNOWd
REFUSEDr

ALL

CH7. Was [CHILD] seen by a doctor, nurse, or other health care worker for (his/her) 15-month well-child check-up?

YES1
NO0
DON'T KNOWd
REFUSEDr

ALL

CH8. Has [CHILD] gone as many times as you wanted for a well-baby checkup?

YES1 CH10
NO0 CH9
DON'T KNOWd CH10
REFUSEDr CH10

CH8=0

CH9. What kept [CHILD] from having a well-baby checkup?

CODE ALL THAT APPLY

I DIDN'T HAVE ENOUGH MONEY OR INSURANCE TO PAY FOR IT1
I HAD NO WAY TO GET MY BABY TO THE CLINIC OR OFFICE.....2
I DIDN'T HAVE ANYONE TO TAKE CARE OF MY OTHER CHILDREN3
I COULDN'T GET AN APPOINTMENT4
MY BABY WAS TOO SICK TO GO FOR ROUTINE CARE5
OTHER (SPECIFY).....99
_____ (STRING 200)
DON'T KNOWd

REFUSEDr

IF OTHER SPECIFY (99): **What other reason?**

ALL

CH10. Do you think [CHILD] is missing any of the immunizations or shots for children (his/her) age?

YES	1	CH11
NO	0	CH12
DON'T KNOW	d	CH12
REFUSED	r	CH12

CH10=1

CH11. Why is that?

_____ (STRING 300)
Reason

DON'T KNOW	d
REFUSED	r

ALL

CH12. A personal doctor or nurse is a health professional who knows your child well and is familiar with your child's health history. This can be a general doctor, a pediatrician, a specialist doctor, a nurse practitioner, or a physician's assistant. Do you have one or more persons you think of as [CHILD]'s personal doctor or nurse?

CODE ONE ONLY

Yes, one person 1 [SKIP]
Yes, more than one person 2 [SKIP]
No..... 3 [SKIP]
DON'T KNOW d [SKIP]
REFUSED r [SKIP]

ALL

CH13. Is there a place [CHILD] usually goes when (he/she) is sick or you need advice about (his/her) health?

CODE ONE ONLY

Yes 1 CH14
No..... 2 CH15
Yes, more than one place..... 3 CH14
DON'T KNOW d CH14
REFUSED r CH14

CH13= NE2

CH14. Is it a doctor's office, emergency room, hospital outpatient department, clinic, or some other place?

CODE ONE ONLY

DOCTOR'S OFFICE 1 [SKIP]
HOSPITAL EMERGENCY ROOM..... 2 [SKIP]
HOSPITAL OUTPATIENT DEPARTMENT..... 3 [SKIP]
CLINIC OR HEALTH CENTER..... 4 [SKIP]
SCHOOL (NURSE'S OFFICE, ATHLETIC TRAINER'S OFFICE, ETC) 5
FRIEND/RELATIVE 6
MEXICO/OTHER LOCATIONS OUT OF US..... 7
DOES NOT GO TO ONE PLACE MOST OFTEN 8
OTHER (SPECIFY)..... 99 [SKIP]

_____ (STRING 200)
DON'T KNOWd
REFUSEDr

IF OTHER SPECIFY (99): **What other place?**

ALL

CH15. Overall, would you say [CHILD]'s health is...

CODE ONE ONLY

Excellent,	1	[SKIP]
Very good,	2	[SKIP]
Good,	3	[SKIP]
Fair, or	4	[SKIP]
Poor?	5	[SKIP]
DON'T KNOW	d	[SKIP]
REFUSED	r	[SKIP]

ALL

CH16. Has a doctor, nurse, or other medical professional told you that [CHILD] has developmental delays?

PROBE:

INTERVIEWER:

YES	1	[SKIP]
NO	0	[SKIP]
DON'T KNOW	d	[SKIP]
REFUSED	r	[SKIP]

ALL

CH17. During the past 12 months, did [CHILD] need a referral to see any doctors or receive any services?

YES 1
NO 0
DON'T KNOW d
REFUSED r

CH17=1

CH18. Was getting referrals...

CODE ONE ONLY

A big problem, 1
A small problem, or 2
Not a problem? 3
DON'T KNOW d
REFUSED r

ALL

CH19. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care. During the past 12 months, did [CHILD] see a specialist?

YES 1 CH23
NO 0 CH22
DON'T KNOW d CH22
REFUSED r CH22

CH19 NE1

CH20. During the past 12 months, did you or a doctor think that [CHILD] needed to see a specialist?

YES 1 [SKIP]
NO 0 [SKIP]

DON'T KNOWd [SKIP]
REFUSEDr [SKIP]

CH19=1 OR CH20= 1

CH21. During the past 12 months, how much of a problem, if any, was it to get the care from the specialists that [CHILD] needed? Would you say it was...

CODE ONE ONLY

A big problem,1
A small problem, or2
Not a problem?3
DON'T KNOWd
REFUSEDr

ALL

CH22. Does anyone help you arrange or coordinate [CHILD]'s care among the different doctors or services that (he/she) uses?

PROBE: By "arrange or coordinate," I mean: Is there anyone who helps you make sure that [CHILD] gets all the health care and services (he/she) needs, that health care providers share information, and that these services fit together and are paid for in a way that works for you?

YES1
NO0
DON'T KNOWd
REFUSEDr

CH12=2

CH23. During the past 12 months, have you felt that you could have used extra help arranging or coordinating [CHILD]'s care among the different health care providers or services?

YES1 [SKIP]
NO0 [SKIP]

DON'T KNOWd [SKIP]
REFUSEDr [SKIP]

CH12=2

CH24. During the past 12 months, how often did you get as much help as you wanted with arranging or coordinating [CHILD]'s care? Would you say...

CODE ONE ONLY

Never, 1 [SKIP]
Sometimes, or 2 [SKIP]
Usually? 3 [SKIP]
DON'T KNOWd [SKIP]
REFUSEDr [SKIP]

ALL

CH25. Overall, how satisfied are you with communication among [CHILD]'s doctors and other health care providers? Would you say...

CODE ONE ONLY

Very satisfied, 1 [SKIP]
Somewhat satisfied, 2 [SKIP]
Somewhat dissatisfied, or 3 [SKIP]
Very dissatisfied? 4 [SKIP]
DON'T KNOWd [SKIP]
REFUSEDr [SKIP]

ALL

CH26. During the past 12 months, how often did [CHILD]'s doctors and other health care providers spend enough time with (him/her)? Would you say...

CODE ONE ONLY

Never, 1 [SKIP]

Sometimes,	2	[SKIP]
Usually, or	3	[SKIP]
Always?	4	[SKIP]
DON'T KNOW	d	[SKIP]
REFUSED	r	[SKIP]

ALL

CH27. During the past 12 months, how often did [CHILD]'s doctors and other health care providers listen carefully to you? Would you say...

CODE ONE ONLY

Never,	1	[SKIP]
Sometimes,	2	[SKIP]
Usually, or	3	[SKIP]
Always?	4	[SKIP]
DON'T KNOW	d	[SKIP]
REFUSED	r	[SKIP]

ALL

CH28. When [CHILD] is seen by doctors or other health care providers, how often are they sensitive to your family's values and customs? Would you say...

CODE ONE ONLY

Never,	1	[SKIP]
Sometimes,	2	[SKIP]
Usually, or	3	[SKIP]
Always?	4	[SKIP]
DON'T KNOW	d	[SKIP]
REFUSED	r	[SKIP]

ALL

CH29. Information about a child's health or health care can include things such as causes of any health problems, how to care for a child now, and what changes to expect in the future. During the past 12 months, how often did you get the specific information you needed from [CHILD]'s doctors and other health care providers? Would you say...

CODE ONE ONLY

- Never, 1 [SKIP]
- Sometimes, 2 [SKIP]
- Usually, or 3 [SKIP]
- Always? 4 [SKIP]
- DON'T KNOW d [SKIP]
- REFUSED r [SKIP]

ALL

CH30. During the past 12 months, how often did [CHILD]'s doctors or other health care providers help you feel like a partner in (his/her) care? Would you say...

CODE ONE ONLY

- Never, 1 [SKIP]
- Sometimes, 2 [SKIP]
- Usually, or 3 [SKIP]
- Always? 4 [SKIP]
- DON'T KNOW d [SKIP]
- REFUSED r [SKIP]

PRIMARY LANGUAGE ISN'T ENGLISH

CH31. An interpreter is someone who repeats what one person says in a language used by another person. During the past 12 months, did you need an interpreter to speak with [CHILD]'s doctors or other health care providers?

- YES 1 [SKIP]
- NO 0 [SKIP]
- DON'T KNOW d [SKIP]
- REFUSED r [SKIP]

CH31=1

CH32. When you needed an interpreter, how often were you able to get someone other than a family member to help you speak with [CHILD]'s doctors or other health care providers? Would you say...

CODE ONE ONLY

- Never, 1 [SKIP]
Sometimes, 2 [SKIP]
Usually, or 3 [SKIP]
Always? 4 [SKIP]
DON'T KNOW d [SKIP]
REFUSED r [SKIP]

ALL

CH33. Has [CHILD] made any emergency room visits since (he/she) was born?

- YES 1 [SKIP]
NO 0 [SKIP]
DON'T KNOW d [SKIP]
REFUSED r [SKIP]

ALL

CH34. Not including when [CHILD] was born, how many different times has (he/she) stayed in a hospital for at least one night?

- ____|____|____|____| TIMES [SKIP]
(0-50)
DON'T KNOW d [SKIP]
REFUSED r [SKIP]

SOFT CHECK: IF CONDITION (e.g. GT 20); **Soft check statement/question**

HARD CHECK: IF CONDITION (e.g. LT 5); **Hard check statement/question**

CH34 GTE 1

CH35. Altogether, since (he/she) was born, how many nights did [CHILD] stay in a hospital?

|_|_|_|_| NIGHTS [SKIP]
(0-50)

DON'T KNOWd [SKIP]

REFUSEDr [SKIP]

SOFT CHECK: IF CONDITION (e.g. GT 20); **Soft check statement/question**

HARD CHECK: IF CONDITION (e.g. LT 5); **Hard check statement/question**

CH34 GTE 1

If CH35=1, 'Was this hospitalization' ; if CH35 GT 1, 'Were any of these hospitalizations'

CH36. (Was this hospitalization/ Were any of these hospitalizations) because of an accident or injury? For example, burns, falls, poisoning or choking?

YES1 [SKIP]

NO0 [SKIP]

DON'T KNOWd [SKIP]

REFUSEDr [SKIP]

CH34 NE 1 AND CH36=1

NUMBER FROM CH35

CH37. How many of the [CH35] hospitalizations were because of an accident or injury?

|_|_|_|_| HOSPITALIZATIONS [SKIP]
(0-CH38)

DON'T KNOWd [SKIP]

REFUSEDr [SKIP]

SOFT CHECK: IF CONDITION (e.g. GT 20); **Soft check statement/question**

HARD CHECK: IF CONDITION (e.g. LT 5); **Hard check statement/question**

ALL

INSERT FILL CONDITION OR DELETE ROW

CH38. Does [CHILD] have any chronic condition for which (he/she) is seen regularly by a doctor?

YES 1 [SKIP]
NO 0 [SKIP]
DON'T KNOW d [SKIP]
REFUSED r [SKIP]

CH38=1

CH39. What is the problem or condition?

_____ (STRING 200) [SKIP]
PROBLEM OR CONDITION
DON'T KNOW d [SKIP]
REFUSED r [SKIP]

ALL

CH40. Sometimes people have difficulties in getting medical care when they need it. In the past 12 months, have you delayed or gone without health care for [CHILD]?

YES 1
NO 0
DON'T KNOW d
REFUSED r

ALL

CH41. During the past 12 months, was there any time when [CHILD] needed prescription medications?

YES 1

NO0
 DON'T KNOWd
 REFUSEDr

CH41=1

CH42. Did [CHILD] receive all prescription medications (he/she) needed?

YES1
 NO0
 DON'T KNOWd
 REFUSEDr

CH42=0

CH43. Why did [CHILD] not get the prescription medications (he/she) needed?

CODE ALL THAT APPLY

COST TOO MUCH.....1 [SKIP]
 HEALTH PLAN PROBLEM.....2 [SKIP]
 NOT AVAILABLE IN AREA/TRANSPORT PROBLEM.....3 [SKIP]
 OTHER (SPECIFY).....99 [SKIP]
 _____ (STRING 100)
 DON'T KNOWd
 REFUSEDr

IF OTHER SPECIFY (99): **What other reason?**

ALL

FILL MEDICAID NAMES

CH44. Does [CHILD] have any kind of health care coverage, including health insurance, prepaid plans such as HMOS, or government plans such as Medicaid?

PROBE: Medicaid refers to a medical assistance program that provides health care coverage to low-income and disabled persons. The Medicaid program is a joint federal-state program that is administered by the states.

HMO is Health Maintenance Organization.

YES 1 [SKIP]
NO 0 [SKIP]
DON'T KNOW d [SKIP]
REFUSED r [SKIP]

ALL

FILL CHIP NAMES

CH45. Is [CHILD] insured by Medicaid or the State Children's Health Insurance Program or S-CHIP? In this state, the program is sometimes called [FILL MEDICAID NAME, S-CHIP NAME].

YES 1 [SKIP]
NO 0 [SKIP]
DON'T KNOW d [SKIP]
REFUSED r [SKIP]

ALL

CH46. Have you ever received help in applying for health insurance for [CHILD]?

YES 1 CH52
NO 0 CH51
DON'T KNOW d [SKIP]
REFUSED r [SKIP]

CH46=0

CH47. Have you ever wanted or needed help in applying for health insurance for [CHILD]?

YES 1
NO 0

DON'T KNOWd
REFUSEDr

CH46 NE 0

CH48. Are you currently receiving help in applying for health insurance for [CHILD]?

YES1
NO0
DON'T KNOWd
REFUSEDr

ALL

CH49. The next questions are about [CHILD]'s dental health. Does [CHILD] have any teeth yet?

YES1 [SKIP]
NO0 [SKIP]
DON'T KNOWd [SKIP]
REFUSEDr [SKIP]

ALL

CH50. Do you clean [CHILD]'s teeth or gums every day, either by wiping with a clean, damp cloth or with a small, soft toothbrush?

YES1 [SKIP]
NO0 [SKIP]
DON'T KNOWd [SKIP]
REFUSEDr [SKIP]

ALL

CH51. During the past 12 months, did [CHILD] see a dentist for any kind of dental care, including check-ups, dental cleanings, x-rays, or filling cavities? Include visits to dental hygienists and all types of dental specialists.

YES1 CH56
 NO0 CH57
 DON'T KNOWd CH58
 REFUSEDr CH58

CH51=1

CH52. During the past 12 months, how many times did [CHILD] see a dentist for preventive dental care, such as check-ups and dental cleanings?

|_|_|_|_| TIMES [SKIP]
 (1-20)
 DON'T KNOWd [SKIP]
 REFUSEDr [SKIP]

SOFT CHECK: IF CONDITION (e.g. GT 20); **Soft check statement/question**
 HARD CHECK: IF CONDITION (e.g. LT 5); **Hard check statement/question**

CH50=0 OR CH51=0

CH53. What is the main reason your child has not visited a dentist in the past year?

CODE ONE ONLY

NO REASON TO GO/NO PROBLEMS1 [SKIP]
 NOT OLD ENOUGH2 [SKIP]
 COULD NOT AFFORD IT/TOO EXPENSIVE/NO INSURANCE3 [SKIP]
 FEAR, DISLIKES GOING4 [SKIP]
 DO NOT HAVE/KNOW A DENTIST5 [SKIP]
 CANNOT GET TO THE OFFICE/CLINIC6 [SKIP]
 NO DENTIST AVAILABLE/NO APPOINTMENTS AVAILABLE7 [SKIP]
 DIDN'T KNOW WHERE TO GO8 [SKIP]
 HOURS NOT CONVENIENT9 [SKIP]

DIDN'T KNOW WHERE TO GO10 [SKIP]
 SPEAK A DIFFERENT LANGUAGE11 [SKIP]
 OTHER (SPECIFY).....99 [SKIP]
 _____ (STRING 200)
 DON'T KNOWd
 REFUSEDr

IF OTHER SPECIFY (99): **What other reason?**

ALL

CH54. How old was [CHILD] in months when (he/she) started to...

PROGRAMMER: RANGE FOR GRID IS NUMBER RANGE

MONTHS (1-16)

- a. **Sit alone, steady, without support?** | | | | |
- b. **Crawl on hands and knees?** | | | | |
- c. **Pull (him/her)self to a standing position?** | | | | |
- d. **First walk while holding on to something, such as furniture?** | | | | |

ALL

CH55. Where does [CHILD] sleep?

PROBE: If respondent says "in a crib," probe for location.

CODE ONE ONLY

INFANT CRIB IN A SEPARATE ROOM,1 [SKIP]
 INFANT CRIB IN PARENTS' ROOM2 [SKIP]
 IN PARENTS' BED3 [SKIP]
 INFANT CRIB IN A ROOM WITH SIBLING4 [SKIP]
 OTHER (SPECIFY).....99 [SKIP]

_____ (STRING 100)
 DON'T KNOWd [SKIP]
 REFUSEDr [SKIP]

IF OTHER SPECIFY (99): **Where does [CHILD] sleep?**

ALL

CH56. In what position does [CHILD] sleep most of the time? Is it...

CODE ONE ONLY

On (his/her) belly,..... 1 [SKIP]
On (his/her) side), or 2 [SKIP]
On (his/her) back?..... 3 [SKIP]
 DON'T KNOWd [SKIP]
 REFUSEDr [SKIP]

ALL

CH57. How much time does your child spend in sleep during the night, that is, between 7 in the evening and 7 in the morning?

PROGRAMMER:

|_|_|_| HOURS (0-12)

|_|_|_| MINUTES (0-60)

DON'T KNOWd

REFUSEDr

ALL

CH58. How much time does your child spend in sleep during the day, that is, between 7 in the morning and 7 in the evening?

PROGRAMMER:

|_|_|_| HOURS (0-12)

|_|_|_| MINUTES (0-60)

DON'T KNOWd

REFUSEDr

ALL

CH59. How many times on average does your child wake at night?

|_|_|_| TIMES [SKIP]
(0-20)

DON'T KNOWd [SKIP]

REFUSEDr [SKIP]

SOFT CHECK: IF CONDITION (e.g. GT 20); **Soft check statement/question**

HARD CHECK: IF CONDITION (e.g. LT 5); **Hard check statement/question**

CH59 GT 0

CH60. How much time does your child spend in wakefulness during the night between the hours or 10 pm and 6 am?

PROGRAMMER:

|_|_|_| HOURS (0-12)

|_|_|_| MINUTES (0-60)

DON'T KNOWd

REFUSEDr

ALL

CH61. How long does it take to put your child to sleep in the evening?

PROGRAMMER:

|_|_|_| HOURS (0-12)

|_|_|_| MINUTES (0-60)

DON'T KNOWd

REFUSEDr

ALL

CH62. How does your child usually fall asleep? Is it while...

CODE ONE ONLY

- Feeding, 1 [SKIP]
Being rocked, 2 [SKIP]
Being held, 3 [SKIP]
In bed alone, or 4 [SKIP]
In bed near a parent? 5 [SKIP]
DON'T KNOW d [SKIP]
REFUSED r [SKIP]

IF OTHER SPECIFY (99): **Insert Other specify statement/question**

ALL

CH63. At what time does your baby usually fall asleep for the night?

|_|_| HOURS (1-12)

|_|_| MINUTES (0-60)

- AM 1 [SKIP]
PM 2 [SKIP]
DON'T KNOW d [SKIP]
REFUSED r [SKIP]

SOFT CHECK: IF CONDITION (e.g. 1:00AM – 5:00AM); **Soft check statement/question**

HARD CHECK: IF CONDITION (e.g. 1:00AM – 5:00AM); **Hard check statement/question**

ALL

CH64. Do you consider your child's sleeping to be problematic? Would you say...

CODE ONE ONLY

- A very serious problem, 1 [SKIP]
A small problem, or 2 [SKIP]

Not a problem at all?3 [SKIP]
 DON'T KNOWd [SKIP]
 REFUSEDr [SKIP]

ALL

CH65. Have you ever heard or read about what can happen if a baby is shaken?

YES1 [SKIP]
 NO0 [SKIP]
 DON'T KNOWd [SKIP]
 REFUSEDr [SKIP]

ALL

CH66. Next, I'm going to read you a series of topics. For each, please tell me whether anyone has discussed these topics with you. Please count only discussions, not reading materials or videos.

	YES	NO
a. How you and your family can be exposed to lead in your environment?	1	0
b. What steps you can take to prevent you and your family from being exposed to lead?	1	0
c. How eating fish containing high levels of mercury could affect your baby?	1	0

ALL

CH67. Do you have a car seat that you can use for your baby?

YES1 [SKIP]
 NO0 [SKIP]
 DON'T KNOWd [SKIP]
 REFUSEDr [SKIP]

ALL

**CH68. When [CHILD] rides in a car, truck, or van, how often does (he/she) ride in a car seat?
Would you say...**

SELECT CODING TYPE

- | | | |
|-------------------------|---|--------|
| Always, | 1 | [SKIP] |
| Often, | 2 | [SKIP] |
| Sometimes, | 3 | [SKIP] |
| Rarely, or | 4 | [SKIP] |
| Never? | 5 | [SKIP] |
| DON'T KNOW | d | [SKIP] |
| REFUSED | r | [SKIP] |

ALL

CH69. Brief Infant Toddler Social and Emotional Assessment (BITSEA), 42 items

P. PARENTING

ALL

P1. Did you ever breastfeed or pump breast milk to feed [CHILD] after delivery?

YES 1
NO 0
DON'T KNOW d
REFUSED r

P1=1

P2. Are you currently breastfeeding or feeding pumped milk to [CHILD]?

YES 1
NO 0
DON'T KNOW d
REFUSED r

P1=1

P3. How many weeks or months did you breastfeed or pump milk to feed [CHILD]?

__|__| WEEKS (-----; CANNOT BE GT AGE OF BABY)
__|__| MONTHS (-----; CANNOT BE GT AGE OF BABY)
IF LESS THAN ONE WEEK, CODE 1
DON'T KNOW d
REFUSED r

PREGNANT AT BASELINE

P4. How old was [CHILD] the first time (he/she) ate or drank anything other than breast milk or formula?

__|__| WEEKS (1-26 WEEKS)
__|__| MONTHS (1-6 MONTHS)

BABY WAS LESS THAN ONE WEEK OLD0
 DON'T KNOWd
 REFUSEDr

ALL

P5. How old was [CHILD] the first time (he/she) ate food (such as baby cereal, baby food or any other food)?

WEEKS (1-26 WEEKS)
 MONTHS (1-6 MONTHS)
 BABY WAS LESS THAN ONE WEEK OLD0
 NEVER1
 DON'T KNOWd
 REFUSEDr

P1=0

P6. What were your reasons for not breastfeeding [CHILD]?

CODE ALL THAT APPLY

MY BABY HAD DIFFICULTY LATCHING OR NURSING1
 MY NIPPLES WERE SORE, CRACKED, OR BLEEDING2
 IT WAS TOO HARD, PAINFUL OR TOO TIME-CONSUMING3
 MY BABY WAS SICK AND I WAS NOT ABLE TO BREASTFEED4
 I WAS SICK OR ON MEDICINE5
 I HAD OTHER CHILDREN TO TAKE CARE OF6
 I HAD TOO MANY OTHER HOUSEHOLD DUTIES7
 I DIDN'T LIKE BREASTFEEDING8
 I DIDN'T WANT TO9
 I WAS EMBARRASSED TO BREASTFEED10
 I GOT SICK AND WAS NOT ABLE TO BREASTFEED11
 MY BABY WAS JAUNDICED (YELLOWING OF THE SKIN OR WHITES OF THE EYES)12
 OTHER (SPECIFY)99
 _____ (STRING 200)
 DON'T KNOWd
 REFUSEDr

P2=0

P7. What were your reasons for stopping breastfeeding?

CODE ALL THAT APPLY

- MY BABY HAD DIFFICULTY LATCHING OR NURSING 1
- BREAST MILK ALONE DID NOT SATISFY MY BABY 2
- I THOUGHT MY BABY WAS NOT GAINING ENOUGH WEIGHT 3
- MY NIPPLES WERE SORE, CRACKED, OR BLEEDING 4
- IT WAS TOO HARD, PAINFUL OR TOO TIME CONSUMING 5
- I THOUGHT I WAS NOT PRODUCING ENOUGH MILK 6
- MY BABY WAS SICK AND WAS NOT ABLE TO BREASTFEED 7
- I WAS SICK OR ON MEDICINE 8
- I HAD OTHER CHILDREN TO TAKE CARE OF 9
- I HAD TOO MANY OTHER HOUSEHOLD DUTIES 10
- I DIDN'T LIKE BREASTFEEDING 11
- I TRIED BUT IT WAS TOO HARD 12
- I DIDN'T WANT TO 12
- I WAS EMBARRASSED TO BREASTFEED 13
- I FELT IT WAS THE RIGHT TIME TO STOP BREASTFEEDING 14
- I GOT SICK AND WAS NOT ABLE TO BREASTFEED 15
- I WENT BACK TO WORK OR SCHOOL 16
- MY EMPLOYER DOES NOT SUPPORT BREASTFEEDING 17
- I WANTED MY BODY BACK TO MYSELF 18
- I WENT BACK TO WORK OR SCHOOL 19
- MY BABY WAS JAUNDICED (YELLOWING OF THE SKIN OR WHITES OF
THE EYES) 20
- OTHER (SPECIFY) 99
- _____ (STRING 200)
- DON'T KNOW d
- REFUSED r

ALL

P8. What kind of milk did [CHILD] usually drink during the past 7 days?

CODE ONE ONLY

WHOLE MILK..... 1
2% MILK 2
SKIM MILK 3
LOW FAT OR 1% MILK 4
SOY MILK 5
BOTH REGULAR COW'S MILK AND SOY MILK 6
OTHER (SPECIFY)..... 99
_____ (STRING (NUM))
DON'T KNOW d
REFUSED r

IF OTHER SPECIFY (99): **What kind of milk did [CHILD] drink?**

ALL

P9. During the past 7 days, how many times did [CHILD] drink 100% fruit juice? Was it..

CODE ONE ONLY

FOUR OR MORE TIMES A DAY 1
TWO OR THREE TIMES A DAY 2
ONCE A DAY 3
ALMOST EVERY DAY 4
1 TO 3 TIMES DURING THE PAST 7 DAYS 5
MY CHILD DOES NOT DRINK JUICE 6
DON'T KNOW d
REFUSED r

ALL

P10. During the past 7 days, how many times did [CHILD] drink 100% fruit drinks that are not 100% fruit (for example, Kool Aid, Sunny Delight, Hi-C, Fruitopia, or Fruitworks), sports drinks (for example, Gatorade), or soda pop (for example, Coke, Pepsi or Mountain Dew)?

CODE ONE ONLY

FOUR OR MORE TIMES A DAY 1
TWO OR THREE TIMES A DAY 2

ONCE A DAY3
 ALMOST EVERY DAY4
 1 TO 3 TIMES DURING THE PAST 7 DAYS5
 HE/SHE DID NOT DRINK THESE BEVERAGES5
 DON'T KNOWd
 REFUSEDr

ALL

P11. How many times do you offer a new food before you decide [CHILD] does not like it?

CODE ONE ONLY

ONCE1
 TWICE2
 THREE TO FIVE TIMES3
 SIX TO TEN TIMES4
 MORE THAN TEN TIMES5
 CHILD LIKES EVERYTHING6
 DON'T KNOWd
 REFUSEDr

ALL

P12. Do you consider [CHILD]...

CODE ONE ONLY

A very picky eater,1
 A somewhat picky eater, or2
 Not a picky eater3
 DON'T KNOWd
 REFUSEDr

ALL

P13. During the past 7 days, how many times did [CHILD] eat a meal or snack from a fast food restaurant with no wait service such as McDonald's, Pizza Hut, Burger King, Kentucky Fried Chicken, Taco Bell, Wendy's and so on? Consider eating in, carry out, and delivery of meals to your residence.

CODE ONE ONLY

Four or more times a day,1

Two or three times a day,	2
Once a day,	3
Almost every day, or	4
1 to 3 times during the past 7 days	5
HE/SHE DID NOT EAT FAST FOOD	5
DON'T KNOW	d
REFUSED	r

ALL

P14. During the past 7 days, how many times did [CHILD] eat candy (including Fruit Roll-Ups and similar items), ice cream, cookies, cakes, brownies, or other sweets?

CODE ONE ONLY

- FOUR OR MORE TIMES A DAY 1
- TWO OR THREE TIMES A DAY 2
- ONCE A DAY 3
- ALMOST EVERY DAY 4
- 1 TO 3 TIMES DURING THE PAST 7 DAYS 5
- HE/SHE DID NOT EAT CANDY 5
- DON'T KNOW d
- REFUSED r

ALL

P15. During the past 7 day, how many times did [CHILD] eat potato chips, corn chips such as Fritos or Doritos, Cheetos, pretzels, popcorn, crackers or other salty snack foods? Was it...

CODE ONE ONLY

- FOUR OR MORE TIMES A DAY 1
- TWO OR THREE TIMES A DAY 2
- ONCE A DAY 3
- ALMOST EVERY DAY 4
- 1 TO 3 TIMES DURING THE PAST 7 DAYS 5
- HE/SHE DID NOT EAT SALTY SNACK FOODS 5
- DON'T KNOW d
- REFUSED r

ALL

P16. Parent Stress Index- Short Form (PSI-SF), 10 items

RESPONDENTS WHO LIVE WITH BIO DAD

FILL NAME OF CHILD'S BIO DAD from Preload or household roster.

P17. Since [CHILD] was born, how many months have you lived in the same household as [BIO DAD]?

____|____|____|____| DESCRIPTION
(NUMBER RANGE)

DON'T KNOWd

REFUSEDr

ALL

P18. In the past 3 months, how often did [BIO DAD] buy things for [CHILD], such as food, diapers, clothes, or toys, or give you money to buy things for [CHILD]? Would you say...Every day or almost every day, a few times a week, a few times a month, less than a few times a month, or never?

CODE ONE ONLY

Every day or almost every day, 1

A few times a week, 2

A few times a month, 3

Less often than a few times a month 4

Never 5

DON'T KNOW d

REFUSED r

ALL

P19. During the past 3 months, how often has [BIO DAD] helped you in other ways, such as caring for [CHILD], helping around the house or with chores, or providing transportation to places you needed to go? Would you say...

CODE ONE ONLY

Every day or almost every day, 1

- A few times a week,2
- A few times a month,3
- Less often than a few times a month4
- Never5
- DON'T KNOWd
- REFUSEDr

BIO DAD NOT LIVING IN HOUSEHOLD

P20. In the past 3 months, about how often has [CHILD] seen (his/her) [BIO DAD]? Would you say...

CODE ONE ONLY

- Every day or almost every day,1
- A few times a week,2
- A few times a month,3
- Less often than a few times a month4
- Never5
- DON'T KNOWd
- REFUSEDr

ALL

FILL CHILD'S AGE

P21. Conflict Tactics Scale- Parent Child Version (CTS-PC), 13 items

ALL

FILL LOCAL NAME OF CHILD PROTECTIVE SERVICES FROM PRELOAD

P22. Since [CHILD] was born, has Child Protective Services or [LOCAL NAME OF CHILD PROTECTIVE SERVICES] contacted you about [CHILD].

- YES1 [SKIP]
- NO0 [SKIP]
- DON'T KNOWd [SKIP]
- REFUSEDr [SKIP]

PH. PARENT HEALTH AND WELL-BEING

ALL

PH1. In general, would you say your health is...

CODE ONE ONLY

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

ALL

PH2. How tall are you without shoes?

PROBE: You may answer in feet and inches or meters and centimeters.

INTERVIEWER: TO RESPOND IN FEET AND INCHES, ENTER 1. TO RESPOND IN METERS AND CENTIMETERS, ENTER 2.

- FEET (3 – 6)
- INCHES (0 – 11) ALLOW DECIMAL
- METERS (0-2)
- CENTIMETERS (0-211)
- DON'T KNOW d
- REFUSED r

ALL

PH3. How much do you weigh without shoes? Your best estimate is fine.

- POUNDS (085 – 500)
- KILOS (038 – 227)
- DON'T KNOW d
- REFUSED r

ALL

PH4. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, are you limited a lot, or limited a little?

CODE ONE PER ROW

	Yes, limited a lot	Yes, limited a little	No, not limited at all
a. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf? Question a	1	2	3
b. Climbing several flights of stairs?	1	2	3

ALL

PH5. During the past 4 weeks, how much of the time has your physical or emotional health interfered with your social activities (like visiting friends, relatives, etc.)?

CODE ONE ONLY

- All of the time 1
- Most of the time..... 2
- A little of the time 3
- None of the time 4
- Never 5
- DON'T KNOW d
- REFUSED r

ALL
 INSERT CONDITIONAL FILL ONLY IF R IS FEMALE

PH6. Is there a place you go for general health care, if you are sick or need advice about your health (- that is, any care except prenatal care or family planning)?

- YES 1 [SKIP]
- NO 0 [SKIP]
- DON'T KNOW d [SKIP]
- REFUSED r [SKIP]

PH6=1

PH7. What kind of place do you go/ did you go?

CODE ONE ONLY

THE SAME PLACE I RECEIVE GENERAL HEALTH CARE 1 [SKIP]
 CLINIC..... 2 [SKIP]
 HEALTH CENTER 3 [SKIP]
 DOCTOR'S OFFICE 4 [SKIP]
 OTHER (SPECIFY)..... 99 [SKIP]
 _____ (STRING (NUM))
 DON'T KNOW d
 REFUSED r

IF OTHER SPECIFY (99): **What kind of place?**

PH6=0

PH8. What is the main reason you don't have a usual place to go for your general health care?

CODE ONE ONLY

NO INSURANCE/CAN'T AFFORD 1 [SKIP]
 TRANSPORTATION 2 [SKIP]
 DIDN'T NEED 3 [SKIP]
 OTHER (SPECIFY)..... 99 [SKIP]
 _____ (STRING (NUM))
 DON'T KNOW d
 REFUSED r

IF OTHER SPECIFY (99): **What is the main reason?**

ALL

PH9. Has a doctor ever told you that you have asthma?

YES 1 [SKIP]
 NO 0 [SKIP]
 DON'T KNOW d [SKIP]
 REFUSED r [SKIP]

PH9=1

PH10. During the past 12 months, have you had an episode of asthma or an asthma attack?

YES 1 [SKIP]
NO 0 [SKIP]
DON'T KNOW d [SKIP]
REFUSED r [SKIP]

ALL

PH11. Has a doctor ever told you that you have high blood pressure?

YES 1 [SKIP]
NO 0 [SKIP]
HIGH NORMAL/BORDERLINE/PRE-HYPERTENSION 2 [SKIP]
DON'T KNOW d [SKIP]
REFUSED r [SKIP]

ALL

PH12. Since [CHILD] was born, did a doctor, nurse, or other health care worker tell you that you had diabetes or high blood sugar?

YES 1 [SKIP]
NO 0 [SKIP]
DON'T KNOW d [SKIP]
REFUSED r [SKIP]

ALL

PH13. During the past 12 months, did you get a flu shot or the nasal flu vaccine, called Flumist?

PROBE: "A flu shot is usually given in the Fall and protects against influenza for the flu season."

CODE ALL THAT APPLY

FLU SHOT 1
NASAL FLUMIST 2
DON'T KNOW d
REFUSED r

ALL

PH14. Have you been vaccinated with Tdap (Pertussis or Whooping cough vaccine)?

YES 1 [SKIP]
NO 0 [SKIP]
DON'T KNOW d [SKIP]
REFUSED r [SKIP]

ALL

PH15. Since [CHILD] was born, have you had any medical problem that caused you to go to the hospital and stay overnight?

YES 1 [SKIP]
NO 0 [SKIP]
DON'T KNOW d [SKIP]
REFUSED r [SKIP]

ALL

PH16. Sometimes people have difficulties in getting medical care when they need it. During the past 12 months, was there any time when you needed medical care or surgery, but did not get it?

YES 1 [SKIP]
NO 0 [SKIP]
DON'T KNOW d [SKIP]
REFUSED r [SKIP]

ALL

PH17. In the past 12 months, was there any time when you needed prescription medicines but could not get them?

YES 1 [SKIP]
NO 0 [SKIP]
DON'T KNOW d [SKIP]
REFUSED r [SKIP]

PH17=0

PH18. Why did you not get medical care or prescription medications you needed?

CODE ALL THAT APPLY

- COST TOO MUCH.....1 [SKIP]
HEALTH PLAN PROBLEM2 [SKIP]
NOT AVAILABLE IN AREA/TRANSPORT PROBLEM.....3 [SKIP]
NOT CONVENIENT TIMES4 [SKIP]
DOCTOR DID NOT KNOW HOW TO TREAT OR PROVIDE CARE5 [SKIP]
Other Specify Response option99 [SKIP]
_____ (STRING (NUM))
DON'T KNOWd [SKIP]
REFUSEDr [SKIP]

IF OTHER SPECIFY (99): **What was the reason?**

ALL

FILL STATE HEALTH INSURANCE PROGRAM

PH19. The next questions are about health insurance, including health insurance obtained through employment or purchased directly as well as government programs like [NAME OF STATE HEALTH INSURANCE PROGRAM], Medicare and Medicaid that provide medical care or help pay medical bills. Are you covered by health insurance or some other kind of health care plan?

- YES1 [SKIP]
NO0 [SKIP]
DON'T KNOWd [SKIP]
REFUSEDr [SKIP]

ALL

PH20. What kind of health insurance or health care coverage do you have? Include those that pay for only one type of service (nursing home care, accidents, or dental care). Exclude private plans that only provide extra cash while hospitalized. If you have more than one kind of health insurance, tell me about all the plans that you have.

PROBE: IF R GIVES A NAME OF A HEALTH INSURANCE PLAN, LIKE "BLUE CROSS/BLUE SHIELD," ASK: **Is that private insurance paid for by you or an**

employer, or is it paid for by the state or federal government, like Medicaid or [STATE SPECIFIC MEDICAID NAME]?

IF R TELLS YOU ABOUT CHILD'S INSURANCE, DO NOT RECORD HERE. THAT GETS CODED IN A SUBSEQUENT QUESTION.

CODE ALL THAT APPLY

- PRIVATE HEALTH INSURANCE 1
- MEDICARE 2
- MEDIGAP 3
- MEDICAID 4
- SCHIP (CHIP/CHILDREN'S HEALTH INSURANCE PROGRAM) 5
- MILITARY HEALTH CARE (TRICARE/VA/CHAMP-VA) 6
- INDIAN HEALTH SERVICE 7
- STATE-SPONSORED HEALTH PLAN 8
- SINGLE SERVICE PLAN (E.G., DENTAL, VISION, PRESCRIPTIONS) 9
- NO COVERAGE OF ANY TYPE 10
- OTHER (SPECIFY) 99
- _____ (STRING (NUM))
- DON'T KNOW d
- REFUSED r

IF OTHER SPECIFY (99): **What other insurance?**

ALL

PH21. During the past year, have you ever received help in applying for health insurance for yourself?

- YES 1 [SKIP]
- NO 0 [SKIP]
- DON'T KNOW d [SKIP]
- REFUSED r [SKIP]

PH21=0,D,R

PH22. During the past year, did you ever want or need help in applying for health insurance for yourself?

- YES 1 [SKIP]

NO0 [SKIP]
 DON'T KNOWd [SKIP]
 REFUSEDr [SKIP]

PH21=1

PH23. Are you currently receiving help in applying for health insurance for yourself?

YES1 [SKIP]
 NO0 [SKIP]
 DON'T KNOWd [SKIP]
 REFUSEDr [SKIP]

FEMALE RESPONDENTS

PH24. Is there a place you go, or have gone, for family planning or birth control?

YES1 [SKIP]
 NO0 [SKIP]
 DON'T KNOWd [SKIP]
 REFUSEDr [SKIP]

PH24=1

PH25. What kind of place do you go or did you go?

CODE ONE ONLY

THE SAME PLACE I RECEIVE GENERAL HEALTH CARE1 [SKIP]
 CLINIC.....2 [SKIP]
 HEALTH CENTER3 [SKIP]
 DOCTOR'S OFFICE4 [SKIP]
 OTHER (SPECIFY).....99 [SKIP]
 _____ (STRING (NUM))
 DON'T KNOWd
 REFUSEDr

IF OTHER SPECIFY (99): **What kind of place?**

P24=1

P26. Since [CHILD] was born, how often have you seen someone for family planning or birth control?

CODE ONE ONLY

1-2 TIMES 1 [SKIP]
3-6 TIMES 2 [SKIP]
7-12 TIMES 3 [SKIP]
13 TIMES OR MORE 4 [SKIP]
DON'T KNOW d [SKIP]
REFUSED r [SKIP]

PH24=0

PH27. What is the main reason you don't/didn't have a usual place to go for family planning?

CODE ONE ONLY

NO INSURANCE/CAN'T AFFORD 1 [SKIP]
TRANSPORTATION 2 [SKIP]
DIDN'T NEED 3 [SKIP]
OTHER (SPECIFY) 99 [SKIP]
_____ (STRING (NUM))
DON'T KNOW d
REFUSED r

IF OTHER SPECIFY (99): **What is the main reason?**

FEMALE RESPONDENTS

PH28. Are you currently pregnant?

YES 1 [SKIP]
NO 0 [SKIP]
DON'T KNOW d [SKIP]
REFUSED r [SKIP]

PH28=1

PH29. How many weeks or months pregnant were you when you had your first visit for prenatal care? Do not count a visit that was only for a pregnancy test or only for WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children).

PROBE: You may answer in weeks, months, or trimesters.

INTERVIEWER: TO RESPOND IN WEEKS, ENTER 1. TO RESPOND IN MONTHS, ENTER 2. TO RESPOND IN TRIMESTERS, ENTER 3.

|_|_| WEEKS (0 – 44)

|_|_| MONTHS (0 – 12)

|_|_| TRIMESTERS (1-3)

DON'T KNOWd

REFUSEDr

R IS BIO MOM OR BIO DAD

PH30. Since [CHILD] was born, have you used any form of birth control? By birth control, I mean methods such the following: Withdrawal/pulling out, Natural family planning/ safe period/calendar/rhythm, Jelly/cream alone, Foam, Suppository/insert, Contraceptive Sponge, Condom/rubber, IUD, coil, loop, Diaphragm, Pill, Depo-Provera shots, Norplant, Abstinence, Operation/Female sterilization/tubes tied, Operation/Male sterilization/vasectomy

YES1 [SKIP]

NO0 [SKIP]

DON'T KNOWd [SKIP]

REFUSEDr [SKIP]

PH30=1

PH31. Which method have you used most of the time?

CODE ONE ONLY

WITHDRAWAL/PULLING OUT1 [SKIP]

NATURAL FAMILY PLANNING/ SAFE PERIOD/CALENDAR/RHYTHM2 [SKIP]

JELLY/CREAM ALONE3 [SKIP]

FOAM.....4 [SKIP]

SUPPOSITORY/INSERT5 [SKIP]

CONTRACEPTIVE SPONGE6 [SKIP]

CONDOM/RUBBER.....7 [SKIP]

IUD8 [SKIP]

COIL.....	9	[SKIP]
LOOP	10	[SKIP]
DIAPHRAGM	11	[SKIP]
PILL.....	12	[SKIP]
DEPO-PROVERA SHOTS.....	13	[SKIP]
NORPLANT.....	14	[SKIP]
ABSTINENCE	15	[SKIP]
OPERATION/FEMALE STERILIZATION/TUBES TIED	16	[SKIP]
OPERATION/MALE STERILIZATION/VASECTOMY	17	[SKIP]
OTHER (SPECIFY).....	99	[SKIP]
_____ (STRING (NUM))		
DON'T KNOW	d	[SKIP]
REFUSED	r	[SKIP]

IF OTHER SPECIFY (99): **What form of birth control have you used?**

R IS BIO MOM OR BIO DAD

PH32. Which of these methods, if any, will you use most of the time?

CODE ONE ONLY

NO BIRTH CONTROL	0	[SKIP]
WITHDRAWAL/PULLING OUT	1	[SKIP]
NATURAL FAMILY PLANNING/ SAFE PERIOD/CALENDAR/RHYTHM	2	[SKIP]
JELLY/CREAM ALONE	3	[SKIP]
FOAM.....	4	[SKIP]
SUPPOSITORY/INSERT	5	[SKIP]
CONTRACEPTIVE SPONGE	6	[SKIP]
CONDOM/RUBBER	7	[SKIP]
IUD	8	[SKIP]
COIL.....	9	[SKIP]
LOOP	10	[SKIP]
DIAPHRAGM	11	[SKIP]
PILL	12	[SKIP]
DEPO-PROVERA SHOTS.....	13	[SKIP]
NORPLANT.....	14	[SKIP]

ABSTINENCE15 [SKIP]
 OPERATION/FEMALE STERILIZATION/TUBES TIED16 [SKIP]
 OPERATION/MALE STERILIZATION/VASECTOMY17 [SKIP]
 OTHER (SPECIFY).....99 [SKIP]
 _____ (STRING (NUM))
 DON'T KNOWd [SKIP]
 REFUSEDr [SKIP]

IF OTHER SPECIFY (99): **What form of birth control will you use?**

PH30=0 AND PH32=0

INSERT CONDITIONAL FILL

PH33. What is the main reason you are not (using birth control now/planning to use birth control)?

CODE ONE ONLY

NO SEX.....1 [SKIP]
 WANTS PREGNANCY2 [SKIP]
 DOESN'T WANT TO.....3 [SKIP]
 DOESN'T THINK ABOUT IT.....4 [SKIP]
 CURRENTLY PREGNANT5 [SKIP]
 OTHER (SPECIFY).....99 [SKIP]
 _____ (STRING (NUM))
 DON'T KNOWd [SKIP]
 REFUSEDr [SKIP]

IF OTHER SPECIFY (99): **What is the reason?**

R IS BIO MOM

PH34. How many live births have you had?

|__|__| DESCRIPTION [SKIP]
 (NUMBER RANGE)
 DON'T KNOWd [SKIP]

REFUSEDr [SKIP]

R IS BIO MOM

PH35. How many more children would you like to have?

____ DESCRIPTION (NUMBER RANGE) [SKIP]

DON'T KNOWd [SKIP]

REFUSEDr [SKIP]

R IS BIO MOM AND PH28=0

PH36. How old would you like [CHILD] to be when you have your next child?

____ DESCRIPTION (NUMBER RANGE) [SKIP]

DON'T KNOWd [SKIP]

REFUSEDr [SKIP]

ALL

PH37. How many cigarettes or packs do you currently smoke on an average day?

INTERVIEWER: ENTER "0" IF RESPONDENT DID NOT SMOKE.
ENTER "1" IF RESPONDENT SMOKED LESS THAN 1 CIGARETTE A DAY.

PROBE: A pack has 20 cigarettes.

____ NUMBER (1-60) AND CODE

CIGARETTES1

PACKS2

DON'T KNOWd

REFUSEDr

ALL

PH38. Which of the following statements best describes the rules about smoking inside your home now?

CODE ONE ONLY

No one is allowed to smoke anywhere inside my home1 [SKIP]
 Smoking is allowed in some rooms or at some times2 [SKIP]
 Smoking is permitted anywhere inside my home?3 [SKIP]
 DON'T KNOWd [SKIP]
 REFUSEDr [SKIP]

ALL

PH39. The next questions are about drinking alcoholic beverages. By a “drink” we mean a can or bottle of beer, a wine cooler or glass of wine, a shot of liquor, or a mixed drink.

During the 3 months, how many alcoholic drinks did you have in an average week?

NOTE: A HELP SCREEN IS AVAILABLE WITH EQUIVALENCES

CODE ONE ONLY

DIDN'T DRINK THEN0
 LESS THAN 1 DRINK1
 1 TO 3 DRINKS.....2
 4 TO 6 DRINKS.....3
 7 TO 13 DRINKS.....4
 14 TO 19 DRINKS.....5
 20 OR MORE DRINKS6
 DON'T KNOWd
 REFUSEDr

PH39 NE 0

PH40. How many times did you drink 4 alcoholic drinks or more in one sitting? Would you say...

PROBE: A sitting is a two hour time span.

CODE ONE ONLY

6 or more times,4
4 to 5 times,3
2 to 3 times,2
1 time, or1
Never?0
 DON'T KNOWd
 REFUSEDr

ALL

PH41. The next questions are about drug use on your own. By “on your own” we mean either without a doctor’s prescription, in larger amounts than prescribed, or for a longer period than prescribed. Did you use any of the following drugs on your own in the month before you got pregnant? [READ LIST, CODE ONE FOR EACH]

CODE ONE PER ROW

	YES	NO	DON'T KNOW	REFUSED
a. Prescription drugs? (IF YES) What kinds? ENTER MEDICINE NAMES: (STRING 50)	1	0	d	r
b. Marijuana (pot, bud) or Hashish (Hash)?	1	0	d	r
c. Amphetamines (uppers, ice, speed, crystal meth, crank)?	1	0	d	r
d. Cocaine (rock, coke, crack) or heroin (smack, horse)?	1	0	d	r
e. Tranquilizers (downers, ludes) or hallucinogens (LSD/acid, PCP/angel dust, ecstasy)?	1	0	d	r
f. Sniffing gasoline, glue, hairspray, or other aerosols?	1	0	d	r

ALL

PH42. During the past year, have you received help or treatment for alcohol or substance abuse problems?

YES1 [SKIP]
NO0 [SKIP]
DON'T KNOWd [SKIP]
REFUSEDr [SKIP]

PH42=1

PH43. I’m going to read a list of places where people may go to receive help or treatment for alcohol or substance abuse problems. For each one, please tell me whether you used the service, or if you needed or wanted the service during the past year.

CODE ONE PER ROW

	YES, received	YES, NEEDED OR WANTED	NO	DON'T KNOW	REFUSED
a. Doctor or other health care professional	1	2	0	d	r
b. A hospital or other inpatient program	1	2	0	d	r
c. A social worker, counselor, or other mental health professional	1	2	0	d	r
d. Anyone else, including a support group, priest, minister, rabbi, or spiritualist	1	2	0	d	r

IF PH43A=1 AND/OR PH43B=1 AND/OR PH43C=1 AND/OR PH43D=1

ASK FOR EACH YES (1) RESPONSE IN PH43

PH44. In the last 12 months, how many times have you used [SERVICE FROM PH43] for alcohol or substance abuse treatment?

CODE ONE ONLY

- 1-2 TIMES1 [SKIP]
- 3-6 TIMES2 [SKIP]
- 7-12 TIMES3 [SKIP]
- 13 TIMES OR MORE4 [SKIP]
- DON'T KNOWd [SKIP]
- REFUSEDr [SKIP]

ALL

PH45. During the past year, have you received mental health help or treatment?

- YES1 [SKIP]
- NO0 [SKIP]
- DON'T KNOWd [SKIP]
- REFUSEDr [SKIP]

PH45=1

PH46. I'm going to read a list of places where people may go to receive mental health help or treatment. For each one, please tell me whether you used the service, or if you needed or wanted the service during the past year.

CODE ONE PER ROW

	YES, received	YES, needed or wanted	NO	DON'T KNOW	REFUSE D
a. Doctor or other health care professional	1	2	0	d	r
b. A hospital or other inpatient program	1	2	0	d	r
c. A social worker, counselor, or other mental health professional	1	2	0	d	r
d. Anyone else, including a support group, priest, minister, rabbi, or spiritualist	1	2	0	d	r

IF PH46A=1 AND/OR PH46B=1 AND/OR PH46C=1 AND/OR PH46D=1

ASK FOR EACH YES (1) RESPONSE IN PH46

PH47. In the last 12 months, how many times have you used [SERVICE FROM PH46] for mental health help or treatment?

CODE ONE ONLY

- 1-2 TIMES 1 [SKIP]
- 3-6 TIMES 2 [SKIP]
- 7-12 TIMES 3 [SKIP]
- 13 TIMES OR MORE 4 [SKIP]
- DON'T KNOW d [SKIP]
- REFUSED r [SKIP]

ALL

PH48. Center for Epidemiologic Studies Depression Scale (CES-D), 10 items

ALL

PH49. Generalized Anxiety Scale (GAD-7), 7 items

IF PH49A = 1 OR PH49B=1 OR PH49C=1 OR PH49D=1 OR PH49E=1 OR PH49F=1 OR PH49G=1

PH50. How difficult have these feelings made it for you to do your work, take care of things at home, or get along with other people? Would you say...

CODE ONE ONLY

- Not difficult at all, 1 [SKIP]
- Somewhat difficult, 2 [SKIP]
- Very difficult, or 3 [SKIP]
- Extremely difficult 4 [SKIP]
- DON'T KNOW d [SKIP]
- REFUSED r [SKIP]

ALL

PH51. Pearlin Mastery Scale, 7 items

PV. INTIMATE PARTNER VIOLENCE

RESPONDENTS WHO HAVE A SPOUSE OR PARTNER

FILL GENDER OF SPOUSE/PARTNER

PV1. Women's Experience and Battery Scale (WEB), 6 items

RESPONDENTS WHO HAVE A SPOUSE OR PARTNER

PV2. In Conflict Tactics Scale (CTS) taken from the Supporting Healthy Marriage Survey, 9 items

C. CRIME

ALL

C1. Have you been arrested within the past year?

YES 1

NO 0

DON'T KNOW d

REFUSED r

FS. FAMILY SELF-SUFFICIENCY

ALL

FS1. Next, I'd like to ask you to tell me a little bit about the education you've received as well as your education-related activities. What is the highest grade or year of school that you have completed?

PROBE: IF GED: Before you received your GED, what was the highest grade or year of school you completed?

CODE ONE ONLY

- HIGHEST GRADE/YEAR IN SCHOOL SPECIFY GRADE 1
- |_|_| GRADE (1 – 11)
- HIGH SCHOOL DIPLOMA..... 2
- ASSOCIATE DEGREE 3
- BA/BS DEGREE 4
- MA/MASTERS 5
- PHD/DOCTORATE 6
- SOME COLLEGE BUT NO DEGREE COMPLETION..... 7
- NO REGULAR/FORMAL SCHOOL EDUCATION..... 0
- OTHER (SPECIFY)..... 99
- _____ (STRING (NUM))
- DON'T KNOW d
- REFUSED r

IF OTHER SPECIFY (99): Please specify your highest level of education completed (STRING 99)

ALL

FS2. Are you currently taking any education or training classes? This could include (IF F1 LT 5: high school, ABE, GED,) ESL or college courses, or any job skills training.

- YES 1 FS3
- NO 0
- DON'T KNOW d
- REFUSED r

F2=1

FS3. What type of degree are you working towards?

CODE ONE ONLY

- HS DIPLOMA/GED 1 [SKIP]
- 2-YEAR DEGREE 2 [SKIP]
- 4-YEAR DEGREE 3 [SKIP]
- GRADUATE DEGREE 4 [SKIP]
- OTHER (SPECIFY) 99 [SKIP]
- _____ (STRING 99)
- DON'T KNOW d
- REFUSED r

IF OTHER SPECIFY (99): **What other degree?**

FS2=0, d, r

FS4. Do you plan on pursuing additional education in the future?

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r

FS4=1

FS5. What type of degree would you pursue?

- _____ (STRING 200) [SKIP]
- DESCRIPTION
- DON'T KNOW d [SKIP]
- REFUSED r [SKIP]

ALL

FS6. How many months were you employed (did you work for pay) during the past year (including your current job)?

|_|_|_|_| MONTHS [SKIP]
(0-12)

DON'T KNOWd [SKIP]

REFUSEDr [SKIP]

SOFT CHECK: IF CONDITION (e.g. GT 20); Soft check statement/question
HARD CHECK: IF CONDITION (e.g. LT 5); Hard check statement/question

ALL

FS7. Are you currently working for pay?

YES 1
NO 0
DON'T KNOW d
REFUSED r

FS7=1

FS8. How many jobs do you currently have?

|_|_|_|_| JOBS [SKIP]
(0-10)
DON'T KNOW d [SKIP]
REFUSED r [SKIP]

SOFT CHECK: IF CONDITION (e.g. GT 20); **Soft check statement/question**

HARD CHECK: IF CONDITION (e.g. LT 5); **Hard check statement/question**

FS8 GT 1

FS9. At which job do you work the most hours?

JOB **PROBE:** The name of the employer is fine.

_____ (STRING 99) [SKIP]
DESCRIPTION
DON'T KNOW d [SKIP]
REFUSED r [SKIP]

FS7=1

FS10. Would you describe this job as...

Var

SELECT CODING TYPE

- Full time (30 or more hours per week), 1 [SKIP]
- Part-time with hours most weeks, 2 [SKIP]
- Seasonal work, 3 [SKIP]
- Temporary work through a temp agency, 4 [SKIP]
- Day labor, 5 [SKIP]
- Odd jobs, or 6 [SKIP]
- Something else? 99 [SKIP]
- _____ (STRING 99)
- DON'T KNOW d [SKIP]
- REFUSED r [SKIP]

IF OTHER SPECIFY (99): **What other type of job is it?**

FS7=1
 Fill JOB from FS9

FS11. Including overtime, how many hours per week do you usually work at [JOB]?

- |_|_|_|_| HOURS [SKIP]
(0-80)
- DON'T KNOW d [SKIP]
- REFUSED r [SKIP]

SOFT CHECK: IF CONDITION (e.g. GT 20); **Soft check statement/question**
 HARD CHECK: IF CONDITION (e.g. LT 5); **Hard check statement/question**

FS7=1
 Fill JOB from FS9

FS12. At [JOB], what is your wage, before taxes? Please include tips, commissions, and regular overtime pay.

PROBE: Please do not include earnings from anyone else in your household.

PROGRAMMER: ALLOW DECIMAL

\$ |_| , |_|_|_|_|

DON'T KNOWd
REFUSEDr

FS12 CONTAINS NUMBER

FS13. Is that...

SELECT CODING TYPE

Per hour, 1 [SKIP]
Per week, 2 [SKIP]
Per every 2 weeks, 3 [SKIP]
Twice a month, 4 [SKIP]
Once a month, 5 [SKIP]
Per day or per piece, or 5 [SKIP]
Some other way? 99 [SKIP]
_____ (STRING 99)
DON'T KNOWd [SKIP]
REFUSEDr [SKIP]

IF OTHER SPECIFY (99): **Please specify how you are paid.**

FS13= 5 OR 99

FS14. What would you estimate you make in a week?

____|____|____|____| DOLLARS [SKIP]
(0-5000)
DON'T KNOWd [SKIP]
REFUSEDr [SKIP]

SOFT CHECK: IF CONDITION (e.g. GT 20); **Soft check statement/question**

HARD CHECK: IF CONDITION (e.g. LT 5); **Hard check statement/question**

FS7 NE 0

FILL PREVIOUS MONTH AND YEAR OF PREVIOUS MONTH

FS15. Last month, that is (MONTH/YEAR), what were your approximate total earnings from your work, including tips and overtime pay? When answering, please include income from all jobs you held last month. Please do not include earnings from anyone else in your household. Was it...

CODE ONE ONLY

Less than \$500, 1
\$500 to \$999, 2
\$1,000 to \$1,499, 3
\$1,500 to \$1,999, 4
\$2,000 to \$2,500 5
\$2,500 to \$2,999, 6
\$3,000 to \$3,499, or 7
\$3,500 or over? 8
DON'T KNOW d
REFUSED r

ALL

FS16. Some earnings and income come from other sources, like unemployment insurance or help from family and friends. Thinking about these other sources of income, what is the total amount of additional income that you received (that is, in addition to earnings) and the total amount of any income or earnings any other adult members of your household received last month? Was it...

PROBE: Your best estimate is fine.

CODE ONE ONLY

Less than \$1,000, 1
\$1,000 or more, but less than \$2,000, 2
\$2,000 or more but less than \$3,000, 3
\$3,000 or more but less than \$4,000, 4
\$4,000 or more but less than 5,000, or 5
More than \$5,000? 6
DON'T KNOW d
REFUSED r

ALL

Fill Local TANF from preload

FS17. Now please tell me whether you, or other members of your household have received income or benefits from these sources in the past month. This includes anyone who you support and/or supports you and lives in your household. Did you or any other members of your household receive income from this source in the past month?

CODE ONE PER ROW

	YES	NO	DON'T KNOW	REFUSED
a. Cash welfare which is also known as TANF, or [Local name of TANF].....	1	0	d	r
b. Food stamp or Supplemental Nutrition Assistance Program (SNAP) benefits.....	1	0	d	r
c. Disability insurance such as Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI)	1	0	d	r
d. Benefits from WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children).....	1	0	d	r

ALL

FS18. During the past year, have you ever received help in applying for public benefits, including TANF, SNAP, or WIC?

YES 1
 NO 0
 DON'T KNOW d
 REFUSED r

FS18=1

FS19. Who provided you with that help?

INTERVIEWER: PROBE FOR TYPE OF PERSON, IF JUST A NAME IS GIVEN

_____ (STRING 99) [SKIP]
 Person
 DON'T KNOW d [SKIP]
 REFUSED r [SKIP]

FS18=1

FS20. Are you currently receiving help in applying for public benefits, including TANF, SNAP, or WIC?

YES 1
NO 0
DON'T KNOW d
REFUSED r

FS18=0,d,r

FS21. During the past year, did you ever want or need help in applying for public benefits, including TANF, SNAP, or WIC?

YES 1
NO 0
DON'T KNOW d
REFUSED r

ALL

FILL CURRENT MONTH AND PREVIOUS YEAR. IF R IS ONLY ADULT IN HOUSEHOLD, FILL "I."
ELSE, "WE"

FS22. I am going to read you several statements that people have made about their food situation. For these statements please tell me whether the statement was often true, sometimes true, or never true for your household in the last 12 months, that is since (DISPLAY CURRENT MONTH AND LAST YEAR).

Within the past 12 months (I/we) worried whether our food would run out before (I/we) got money to buy more. Was this . . .

CODE ONE ONLY

Often true, 1
Sometimes true, or 2
Never true? 3
DON'T KNOW d
REFUSED r

ALL

IF R IS ONLY ADULT IN HOUSEHOLD, FILL "I." ELSE, "WE"

FS23. Within the past 12 months the food that (I/we) bought just didn't last and we didn't have money to get more. Was this . . .

CODE ONE ONLY

- Often true, 1
- Sometimes true, or 2
- Never true? 3
- DON'T KNOW d
- REFUSED r

ALL
IF R IS ONLY ADULT IN HOUSEHOLD, FILL "I." ELSE, "WE"

FS24. (I/We) couldn't afford to eat balanced meals Was this . . .

CODE ONE ONLY

- Often true, 1
- Sometimes true, or 2
- Never true? 3
- DON'T KNOW d
- REFUSED r

ALL
FILL CURRENT MONTH AND PREVIOUS YEAR. IF R IS ONLY ADULT IN HOUSEHOLD, FILL "YOU." ELSE, "OTHER ADULTS IN YOUR HOUSEHOLD"

FS25. In the last 12 months, that is, since (DISPLAY CURRENT MONTH AND LAST YEAR), did (you/other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?

- YES 1 FS26
- NO 0 FS27
- DON'T KNOW d FS27
- REFUSED r FS27

FS25=1
INSERT FILL CONDITION OR DELETE ROW

FS26. How often did this happen?

CODE ONE ONLY

Almost every month,..... 1 [SKIP]
Some months but not every month, or 2 [SKIP]
In only 1 or 2 months?..... 3 [SKIP]
 DON'T KNOW d [SKIP]
 REFUSED r [SKIP]

ALL

FS27. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?

YES 1
 NO 0
 DON'T KNOW d
 REFUSED r

ALL

FS28. In the last 12 months, were you ever hungry but didn't eat because there wasn't enough money for food?

YES 1
 NO 0
 DON'T KNOW d
 REFUSED r

SS. SOCIAL SERVICES

ALL

SS1. Now let's talk about any care [CHILD] receives from someone not related to (him/her), either in your home or someone else's. This includes home child care providers or neighbors, but not day care centers or preschools. Is [CHILD] now receiving care in your home or another home on a regular basis at least once a week from someone who is not related to (him/her)?

- YES 1 SS2
- NO 0
- DON'T KNOW d
- REFUSED r

SS1=1

SS2. Is this care provided in your own home or in another home?

SELECT CODING TYPE

- OWN HOME 1 [SKIP]
- ANOTHER HOME 2 [SKIP]
- BOTH/VARIES 3 [SKIP]
- DON'T KNOW d [SKIP]
- REFUSED r [SKIP]

SS1=1

SS3. How many hours each week does [CHILD] receive care from someone not related to him or her?

PROBE: Your best estimate is fine.

- ____|____|____|____| HOURS (0-100) [SKIP]
- DON'T KNOW d [SKIP]

REFUSEDr [SKIP]

SOFT CHECK: IF CONDITION (e.g. GT 20); **Soft check statement/question**

HARD CHECK: IF CONDITION (e.g. LT 5); **Hard check statement/question**

ALL

SS4. Is [CHILD] now attending a day care center or preschool program?

YES 1 SS5
NO 0
DON'T KNOW d
REFUSED r

SS4=1

SS5. How many hours each week does [CHILD] attend a day care center or preschool program?

PROBE: Your best estimate is fine.

____|____|____|____| HOURS [SKIP]
(0-100)
DON'T KNOW d [SKIP]
REFUSED r [SKIP]

SOFT CHECK: IF CONDITION (e.g. GT 20); **Soft check statement/question**

HARD CHECK: IF CONDITION (e.g. LT 5); **Hard check statement/question**

ALL

SS6. In the past year, has [CHILD] used or received Early Intervention services?

PROBE: Early Intervention provides services for children with disabilities or delays.

YES 1 [SKIP]
NO 0 [SKIP]
DON'T KNOW d [SKIP]
REFUSED r [SKIP]

SS6=1

SS7. How many times did [CHILD] use or receive Early Intervention services? Would you say...

CODE ONE ONLY

1-2 times, 1 [SKIP]
3-6 times, 2 [SKIP]
7-12 times, or 3 [SKIP]
13 times or more? 4 [SKIP]
DON'T KNOW d [SKIP]
REFUSED r [SKIP]

SS6 NE 1

SS8. In the past year, did you want or need Early Intervention services for [CHILD]?

INTERVIEWER: IF R RESPONDS "YES," PROBE FOR WANTED OR NEEDED

CODE ONE ONLY

WANTED 1 [SKIP]
NEEDED 2 [SKIP]
NO/DIDN'T NEED 3 [SKIP]
DON'T KNOW d [SKIP]
REFUSED r [SKIP]

SS1=1 OR SS6=1

IF SS1=1 AND SS6 NE1, "**CHILD CARE PROVIDERS**"; IF SS1=1 AND SS6 =1, "**CHILD CARE PROVIDERS OR EARLY INTERVENTION PROGRAM**"; IF SS1 NE 1 AND SS6=1, "**EARLY INTERVENTION PROGRAM**"

SS9. Do [CHILD]'s doctors or other health care providers need to communicate with (his/her) (child care providers or early intervention program)?

YES1 [SKIP]
NO0 [SKIP]
DON'T KNOWd [SKIP]
REFUSEDr [SKIP]

SS9=1

SS10. Overall, how satisfied are you with that communication? Would you say...

CODE ONE ONLY

Very satisfied,1 [SKIP]
Somewhat satisfied,2 [SKIP]
Somewhat dissatisfied, or3 [SKIP]
Very dissatisfied?4 [SKIP]
DON'T KNOWd [SKIP]
REFUSEDr [SKIP]

ALL

SS11. In the past year, have you or [CHILD] used or received services from a women's shelter?

YES1 [SKIP]
NO0 [SKIP]
DON'T KNOWd [SKIP]
REFUSEDr [SKIP]

SS11=1

SS12. How many times did you visit a women's shelter? Would you say...

CODE ONE ONLY

- 1-2 times,..... 1 [SKIP]
- 3-6 times,..... 2 [SKIP]
- 7-12 times, or 3 [SKIP]
- 13 times or more? 4 [SKIP]
- DON'T KNOW d [SKIP]
- REFUSED r [SKIP]

SS11 NE 1

SS13. In the past year, did you want or need services from a women's shelter?

INTERVIEWER: IF R RESPONDS "YES," PROBE FOR WANTED OR NEEDED

CODE ONE ONLY

- WANTED 1 [SKIP]
- NEEDED 2 [SKIP]
- NO/DIDN'T NEED 3 [SKIP]
- DON'T KNOW d [SKIP]
- REFUSED r [SKIP]

ALL

SS14. In the past year, have you or [CHILD] used or received services for domestic violence counseling or anger management?

- YES 1 [SKIP]
- NO 0 [SKIP]
- DON'T KNOW d [SKIP]
- REFUSED r [SKIP]

SS14=1

SS15. How many times did you or [CHILD] use or receive services for domestic violence counseling or anger management? Would you say...

CODE ONE ONLY

1-2 times,..... 1 [SKIP]
 3-6 times,..... 2 [SKIP]
 7-12 times, or 3 [SKIP]
 13 times or more? 4 [SKIP]
 DON'T KNOW d [SKIP]
 REFUSED r [SKIP]

SS14 NE 1

SS16. In the past year, did you want or need services for domestic violence counseling or anger management?

INTERVIEWER: IF R RESPONDS "YES," PROBE FOR WANTED OR NEEDED

CODE ONE ONLY

WANTED..... 1 [SKIP]
 NEEDED 2 [SKIP]
 NO/DIDN'T NEED 3 [SKIP]
 DON'T KNOW d [SKIP]
 REFUSED r [SKIP]

ALL

SS17. In the past year, have you or [CHILD] received transportation to needed services?

YES 1 SS16
 NO 0 [SKIP]
 DON'T KNOW d [SKIP]
 REFUSED r [SKIP]

SS17=1

SS18. How many times did you or [CHILD] receive transportation to needed services? Would you say...

CODE ONE ONLY

1-2 times,..... 1 [SKIP]
 3-6 times,..... 2 [SKIP]

7-12 times, or 3 [SKIP]
 13 times or more? 4 [SKIP]
 DON'T KNOW d [SKIP]
 REFUSED r [SKIP]

SS17 NE 1

SS19. In the past year, did you want or need transportation to needed services?

INTERVIEWER: IF R RESPONDS "YES," PROBE FOR WANTED OR NEEDED

CODE ONE ONLY

WANTED..... 1 [SKIP]
 NEEDED 2 [SKIP]
 NO/DIDN'T NEED 3 [SKIP]
 DON'T KNOW d [SKIP]
 REFUSED r [SKIP]

SS19=1

SS20. What services did you want or need transportation for?

INTERVIEWER:

CODE ALL THAT APPLY

PRENATAL CARE 1 [SKIP]
 MATERNAL PREVENTIVE CARE..... 2 [SKIP]
 FAMILY PLANNING AND REPRODUCTIVE HEALTH CARE 3 [SKIP]
 SUBSTANCE USE (ALCOHOL AND OTHER DRUGS) TREATMENT 4 [SKIP]
 MENTAL HEALTH TREATMENT 5 [SKIP]
 DOMESTIC VIOLENCE SHELTER 6 [SKIP]
 DOMESTIC VIOLENCE COUNSELING/ANGER MANAGEMENT 7 [SKIP]
 ADULT EDUCATION SERVICES (INCLUDING GED AND ESL) 8 [SKIP]
 JOB TRAINING AND EMPLOYMENT 9 [SKIP]
 PEDIATRIC PRIMARY CARE 10 [SKIP]
 CHILDCARE 11 [SKIP]
 EARLY INTERVENTION SERVICES 12 [SKIP]
 OTHER (SPECIFY)..... 99 [SKIP]

(STRING (NUM))

DON'T KNOWd
REFUSEDr

IF OTHER SPECIFY (99): **What other services?**

CONTROL GROUP

SS21. In the past year, have you participated in a home visiting program or parenting program for parents of infants?

YES1 SS19
NO0 [SKIP]
DON'T KNOWd [SKIP]
REFUSEDr [SKIP]

SS21=1

SS22. What was the name of the program?

_____ (STRING 200) [SKIP]
Program
DON'T KNOWd [SKIP]
REFUSEDr [SKIP]

SS21=1

SS23. How many times did you receive home visits from a home visiting program and/or participate in a parenting program? Would you say...

CODE ONE ONLY

1-2 times,1 [SKIP]
3-6 times,2 [SKIP]
7-12 times, or3 [SKIP]
13 times or more?4 [SKIP]
DON'T KNOWd [SKIP]
REFUSEDr [SKIP]

SS21=1

SS24. Did a home visitor help you receive any of the following services?

PROBE:

INTERVIEWER:

	Yes	No	DK	R
a. Prenatal Care	1	0	d	r
b. Maternal Preventive Care	1	0	d	r
c. Family Planning and Reproductive Health Care	1	0	d	r
d. Substance Use (Alcohol and other drugs) Treatment	1	0	d	r
e. Mental Health Treatment	1	0	d	r
f. Domestic Violence Shelter	1	0	d	r
g. Domestic Violence Counseling/Anger Management	1	0	d	r
h. Adult Education Services (including GED and ESL)	1	0	d	r
i. Job Training and Employment	1	0	d	r
j. Pediatric Primary Care	1	0	d	r
k. Childcare	1	0	d	r

ALL

H1a. We are almost done with the survey. Thank you very much for answering my questions. I just have a few more. First, what is your e-mail address? This will be kept private and only used as a way of contacting you when we need to talk to you again for the follow-up survey.

(STRING (50))

E-MAIL ADDRESS

DON'T KNOWd

REFUSEDr

SAMPLE LOAD DID NOT INCLUDE RESPONDENT'S PHONE NUMBER OR IF THERE IS A BREAKOFF

H1b. What is your telephone number?

INTERVIEWER: WE SHOULD COLLECT TWO NUMBERS IF POSSIBLE.

|_|_|_| - |_|_|_| - |_|_|_|_|

(RANGE) (RANGE) (RANGE)

DON'T KNOWd

REFUSEDr

CELL PHONE:

|_|_|_| - |_|_|_| - |_|_|_|_|

(RANGE) (RANGE) (RANGE)

DON'T KNOWd

REFUSEDr

ALL

H2a. Please tell me the names, addresses, telephone numbers, and e-mail addresses of three people who do not live with you but who will know how to contact you roughly a year from now. This will help us contact you if you move so we can still complete a follow up interview with you.

What is the name of the first person who will know how we can reach you?

INTERVIEWER: ENTER NAME OF PERSON

_____ (STRING (50))

NAME

DON'T KNOWd CONCLUDE

REFUSEDr CONCLUDE

H2 NE d, r

H2b. How is this person related to you?

CODE ONE ONLY

BIOLOGICAL MOTHER.....	11
BIOLOGICAL FATHER	12
ADOPTIVE MOTHER	13
ADOPTIVE FATHER.....	14
STEPMOTHER	15
STEPFATHER	16
GRANDMOTHER.....	17
GRANDFATHER.....	18
GREAT GRANDMOTHER	19
GREAT GRANDFATHER	20
SISTER/STEPSISTER.....	21
BROTHER/STEPBROTHER	22
OTHER RELATIVE OR IN-LAW (FEMALE)	23
OTHER RELATIVE OR IN-LAW (MALE).....	24
FOSTER PARENT (FEMALE)	25
FOSTER PARENT (MALE).....	26
OTHER NON-RELATIVE (FEMALE).....	27
OTHER NON-RELATIVE (MALE).....	28
PARENT'S PARTNER (FEMALE)	29
PARENT'S PARTNER (FEMALE)	30
DON'T KNOW	d
REFUSED	r

IF OTHER RELATIVE OR IN-LAW (FEMALE) (23): **What is her relationship?** (STRING (99))
IF OTHER RELATIVE OR IN-LAW (MALE) (24): **What is his relationship?** (STRING (99))
IF OTHER NON-RELATIVE (FEMALE) (27): **What is her relationship?** (STRING (99))
IF OTHER NON-RELATIVE (MALE) (28): **What is his relationship?** (STRING (99))

H2a NE d, r

H2c. What is that person's telephone number?

|_|_|_| - |_|_|_| - |_|_|_|_|

(RANGE) (RANGE) (RANGE)

DON'T KNOWd

REFUSEDr

CELL PHONE:

|_|_|_| - |_|_|_| - |_|_|_|_|

(RANGE) (RANGE) (RANGE)

DON'T KNOWd

REFUSEDr

H2a NE d, r

H2d. Please give me their permanent address.

STREET 1

STREET 2

STREET 3

CITY

STATE

ZIP

DON'T KNOWd

REFUSEDr

H2a NE d, r

H2e. Please give me their e-mail address.

_____ (STRING (50))
E-MAIL ADDRESS

INTERVIEWER: CODE E-MAIL ADDRESS TYPE

DON'T KNOWd

REFUSEDr

H3a NE d, r

H3a. What is the name of a second person?

INTERVIEWER: ENTER NAME OF PERSON

_____ (STRING (50))
NAME

DON'T KNOWd CONCLUDE

REFUSEDr CONCLUDE

H3a NE d, r

H3b. How is this person related to you?

CODE ONE ONLY

- BIOLOGICAL MOTHER.....11
- BIOLOGICAL FATHER.....12
- ADOPTIVE MOTHER.....13
- ADOPTIVE FATHER.....14
- STEPMOTHER.....15
- STEPFATHER.....16
- GRANDMOTHER.....17
- GRANDFATHER.....18
- GREAT GRANDMOTHER.....19
- GREAT GRANDFATHER.....20
- SISTER/STEPSISTER.....21
- BROTHER/STEPBROTHER.....22
- OTHER RELATIVE OR IN-LAW (FEMALE).....23
- OTHER RELATIVE OR IN-LAW (MALE).....24
- FOSTER PARENT (FEMALE).....25
- FOSTER PARENT (MALE).....26
- OTHER NON-RELATIVE (FEMALE).....27
- OTHER NON-RELATIVE (MALE).....28
- PARENT'S PARTNER (FEMALE).....29
- PARENT'S PARTNER (MALE).....30
- DON'T KNOWd
- REFUSEDr

IF OTHER RELATIVE OR IN-LAW (FEMALE) (23): **What is her relationship?** (STRING (99))
IF OTHER RELATIVE OR IN-LAW (MALE) (24): **What is his relationship?** (STRING (99))
IF OTHER NON-RELATIVE (FEMALE) (27): **What is her relationship?** (STRING (99))
IF OTHER NON-RELATIVE (MALE) (28): **What is his relationship?** (STRING (99))

H3a NE d, r

H3c. What is that person's telephone number?

|_|_|_| - |_|_|_| - |_|_|_|_|

(RANGE) (RANGE) (RANGE)

DON'T KNOWd

REFUSEDr

CELL PHONE:

|_|_|_| - |_|_|_| - |_|_|_|_|

(RANGE) (RANGE) (RANGE)

DON'T KNOWd

REFUSEDr

H3a NE d, r

H3d. Please give me their permanent address.

STREET 1

STREET 2

STREET 3

CITY

STATE

ZIP

DON'T KNOWd

REFUSEDr

H3a NE d, r

H3e. Please give me their e-mail address.

_____ (STRING (50))
E-MAIL ADDRESS

INTERVIEWER: CODE E-MAIL ADDRESS TYPE

DON'T KNOWd

REFUSEDr

H4a NE d, r

H4a. What is the name of a third person?

INTERVIEWER: ENTER NAME OF PERSON

_____ (STRING (50))
NAME

DON'T KNOWd CONCLUDE

REFUSEDr CONCLUDE

H4a NE d, r

H4b. How is this person related to you?

CODE ONE ONLY

BIOLOGICAL MOTHER.....11
BIOLOGICAL FATHER.....12
ADOPTIVE MOTHER.....13
ADOPTIVE FATHER.....14
STEPMOTHER.....15
STEPFATHER.....16
GRANDMOTHER.....17
GRANDFATHER.....18
GREAT GRANDMOTHER.....19
GREAT GRANDFATHER.....20
SISTER/STEPSISTER.....21
BROTHER/STEPBROTHER.....22
OTHER RELATIVE OR IN-LAW (FEMALE).....23
OTHER RELATIVE OR IN-LAW (MALE).....24
FOSTER PARENT (FEMALE).....25
FOSTER PARENT (MALE).....26
OTHER NON-RELATIVE (FEMALE).....27
OTHER NON-RELATIVE (MALE).....28
PARENT'S PARTNER (FEMALE).....29
PARENT'S PARTNER (FEMALE).....30
DON'T KNOWd
REFUSEDr

IF OTHER RELATIVE OR IN-LAW (FEMALE) (23): **What is her relationship?** (STRING (99))
IF OTHER RELATIVE OR IN-LAW (MALE) (24): **What is his relationship?** (STRING (99))
IF OTHER NON-RELATIVE (FEMALE) (27): **What is her relationship?** (STRING (99))
IF OTHER NON-RELATIVE (MALE) (28): **What is his relationship?** (STRING (99))

H4a NE d, r

H4c. What is that person's telephone number?

|_|_|_| - |_|_|_| - |_|_|_|_|

(RANGE) (RANGE) (RANGE)

DON'T KNOWd

REFUSEDr

CELL PHONE:

|_|_|_| - |_|_|_| - |_|_|_|_|

(RANGE) (RANGE) (RANGE)

DON'T KNOWd

REFUSEDr

H4a NE d, r

H4d. Please give me their permanent address.

STREET 1

STREET 2

STREET 3

CITY

STATE

ZIP

DON'T KNOWd

REFUSEDr

H4a NE d, r

H4e. Please give me their e-mail address.

_____ (STRING (50))
E-MAIL ADDRESS

INTERVIEWER: CODE E-MAIL ADDRESS TYPE

DON'T KNOWd

REFUSED.....r

FOLLOW-UP VISIT NE COMPLETE

Appt. Next, I'd like to make an appointment for our field interviewer to visit your home to do some activities with you and [CHILD]. When would be a good time for that visit?

INTERVIEWER: MAKE APPOINTMENT

INSERT UNIVERSE

FILL ADDRESS FROM PRELOAD

Pmt. I would like to confirm the name and address where we should send your thank-you gift card. Is it...

INTERVIEWER: READ ADDRESS TO RESPONDENT

STREET 1 _____

STREET 2 _____

STREET 3 _____

CITY _____

STATE _____

ZIP _____

DON'T KNOWd

REFUSEDr

ALL

Thank you. Thank you for your cooperation. This completes the survey! Thank you again.