

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

YES .....1 Finished

NO .....0 Finished

DIALRESULT=5

**AnsService.**

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

CODE ONE ONLY

YES, [NAME]'S ANSWERING SERVICE .....1 Finished

NO, DEFINITELY NOT [NAME]'S ANSWERING SERVICE .....2 Finished

DON'T KNOW, WOULDN'T SAY, NO NAME WAS GIVEN .....3 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 WORKING .....1 Finished

TEMPORARILY NOT IN SERVICE .....2 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 KNOW .....d

REFUSED .....r

ALL

**SC4. Do you go by any other name?**

YES .....1

NO .....0 SC6

DON'T KNOW .....d SC6

REFUSED .....r SC6

SC4=1

**SC5. What is that name? ENTER NAME**

\_\_\_\_\_ (STRING (99))

DON'T KNOW .....d

REFUSED .....r

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 KNOW .....d SC7

REFUSED .....r 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 KNOW .....d SC7

REFUSED .....r 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 KNOW .....d

REFUSED .....r

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 CORRECT .....1 SC13

NAME INCORRECT .....2

DON'T KNOW .....d

REFUSED .....r

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

BOY .....1

GIRL .....2

DON'T KNOW .....d

REFUSED .....r

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 KNOW .....d

REFUSED .....r

**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 ORIGIN .....0
- YES, MEXICAN, MEXICAN AMERICAN, CHICANO .....1
- YES, PUERTO RICAN .....2
- YES, CUBAN .....3
- YES, ANOTHER HISPANIC, LATINO OR SPANISH ORIGIN .....4
- DON'T KNOW .....d
- REFUSED .....f

NEW RESPONDENTS

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

INTERVIEWER: CODE ALL RESPONSES. ASK: Any other?

CODE ALL THAT APPLY

- WHITE .....11
- BLACK OR AFRICAN AMERICAN .....12
- AMERICAN INDIAN OR ALASKA NATIVE .....13
- ASIAN INDIAN .....14
- CHINESE .....15
- FILIPINO .....16
- JAPANESE .....17
- KOREAN .....18
- VIETNAMESE .....19
- OTHER ASIAN .....20
- NATIVE HAWAIIAN .....21

GUAMANIAN OR CHAMORRO .....22  
 SAMOAN.....23  
 OTHER PACIFIC ISLANDER .....24  
 OTHER (SPECIFY).....99  
 \_\_\_\_\_ (STRING (20))  
 DON'T KNOW .....d  
 REFUSED .....r

**NEW RESPONDENTS**

**HH3. Is any language other than English spoken in your home?**  
 YES .....1      HH4  
 NO .....0  
 DON'T KNOW .....d  
 REFUSED .....r

**HH3=1**

**HH4. What other languages are spoken in your home?**

CODE ALL THAT APPLY

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

**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

USA ..... 059  
 MEXICO ..... 303  
 GUATEMALA ..... 313  
 CUBA ..... 327  
 DOMINICAN REPUBLIC..... 329  
 INDIA ..... 210  
 CHINA ..... 207  
 PHILIPPINES ..... 233  
 JAPAN ..... 215  
 KOREA ..... 217  
 VIETNAM ..... 247  
 GUAM ..... 066  
 SAMOA ..... 527  
 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  
 NO ..... 0



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 KNOW .....d

REFUSED .....r

**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?**

YES .....1

NO .....0

DON'T KNOW .....d

REFUSED .....r

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?**

YES .....1

NO .....0

DON'T KNOW .....d

REFUSED .....r

ALL

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

YES .....1

NO .....0

DON'T KNOW .....d  
REFUSED .....r

ALL

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

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

ALL

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

YES .....1 CH10  
NO .....0 CH9  
DON'T KNOW .....d CH10  
REFUSED .....r 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 IT .....1  
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 CHILDREN .....3  
I COULDN'T GET AN APPOINTMENT .....4  
MY BABY WAS TOO SICK TO GO FOR ROUTINE CARE .....5  
OTHER (SPECIFY).....99  
\_\_\_\_\_ (STRING 200)  
DON'T KNOW .....d

REFUSED .....r

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 KNOW .....d  
REFUSED .....r

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

ALL

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

CODE ONE ONLY

<b>Excellent,</b> .....	1	[SKIP]
<b>Very good,</b> .....	2	[SKIP]
<b>Good,</b> .....	3	[SKIP]
<b>Fair, or</b> .....	4	[SKIP]
<b>Poor?</b> .....	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 KNOW .....d [SKIP]  
REFUSED .....r [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, or .....2  
Not a problem? .....3  
DON'T KNOW .....d  
REFUSED .....r

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?**

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

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?**

YES .....1 [SKIP]  
NO .....0 [SKIP]

DON'T KNOW .....d [SKIP]  
REFUSED .....r [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 KNOW .....d [SKIP]  
REFUSED .....r [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 KNOW .....d [SKIP]  
REFUSED .....r [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]

<b>Sometimes,</b> .....	2	[SKIP]
<b>Usually, or</b> .....	3	[SKIP]
<b>Always?</b> .....	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

<b>Never,</b> .....	1	[SKIP]
<b>Sometimes,</b> .....	2	[SKIP]
<b>Usually, or</b> .....	3	[SKIP]
<b>Always?</b> .....	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

<b>Never,</b> .....	1	[SKIP]
<b>Sometimes,</b> .....	2	[SKIP]
<b>Usually, or</b> .....	3	[SKIP]
<b>Always?</b> .....	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 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

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?**

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

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

NO .....0  
 DON'T KNOW .....d  
 REFUSED .....r

CH41=1

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

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

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 KNOW .....d  
 REFUSED .....r

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 KNOW .....d  
REFUSED .....r

CH46 NE 0

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

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

ALL

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

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

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

YES .....1 CH56  
 NO .....0 CH57  
 DON'T KNOW .....d CH58  
 REFUSED .....r 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 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**

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 PROBLEMS .....1 [SKIP]  
 NOT OLD ENOUGH .....2 [SKIP]  
 COULD NOT AFFORD IT/TOO EXPENSIVE/NO INSURANCE .....3 [SKIP]  
 FEAR, DISLIKES GOING .....4 [SKIP]  
 DO NOT HAVE/KNOW A DENTIST .....5 [SKIP]  
 CANNOT GET TO THE OFFICE/CLINIC .....6 [SKIP]  
 NO DENTIST AVAILABLE/NO APPOINTMENTS AVAILABLE .....7 [SKIP]  
 DIDN'T KNOW WHERE TO GO .....8 [SKIP]  
 HOURS NOT CONVENIENT .....9 [SKIP]

DIDN'T KNOW WHERE TO GO .....10 [SKIP]  
 SPEAK A DIFFERENT LANGUAGE .....11 [SKIP]  
 OTHER (SPECIFY).....99 [SKIP]  
 \_\_\_\_\_ (STRING 200)  
 DON'T KNOW .....d  
 REFUSED .....r

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' ROOM .....2 [SKIP]  
 IN PARENTS' BED .....3 [SKIP]  
 INFANT CRIB IN A ROOM WITH SIBLING .....4 [SKIP]  
 OTHER (SPECIFY).....99 [SKIP]

\_\_\_\_\_ (STRING 100)  
 DON'T KNOW .....d [SKIP]  
 REFUSED .....r [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 KNOW .....d [SKIP]  
 REFUSED .....r [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 KNOW .....d

REFUSED .....r

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 KNOW .....d

REFUSED .....r

ALL

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

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

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**

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 KNOW .....d

REFUSED .....r

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 KNOW .....d

REFUSED .....r

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 KNOW .....d [SKIP]  
 REFUSED .....r [SKIP]

ALL

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

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

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

<b>Always,</b> .....	1	[SKIP]
<b>Often,</b> .....	2	[SKIP]
<b>Sometimes,</b> .....	3	[SKIP]
<b>Rarely, or</b> .....	4	[SKIP]
<b>Never?</b> .....	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 OLD .....0  
 DON'T KNOW .....d  
 REFUSED .....r

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 OLD .....0  
 NEVER .....1  
 DON'T KNOW .....d  
 REFUSED .....r

P1=0

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

CODE ALL THAT APPLY

MY BABY HAD DIFFICULTY LATCHING OR NURSING .....1  
 MY NIPPLES WERE SORE, CRACKED, OR BLEEDING .....2  
 IT WAS TOO HARD, PAINFUL OR TOO TIME-CONSUMING .....3  
 MY BABY WAS SICK AND I WAS NOT ABLE TO BREASTFEED .....4  
 I WAS SICK OR ON MEDICINE .....5  
 I HAD OTHER CHILDREN TO TAKE CARE OF .....6  
 I HAD TOO MANY OTHER HOUSEHOLD DUTIES .....7  
 I DIDN'T LIKE BREASTFEEDING .....8  
 I DIDN'T WANT TO .....9  
 I WAS EMBARRASSED TO BREASTFEED .....10  
 I GOT SICK AND WAS NOT ABLE TO BREASTFEED .....11  
 MY BABY WAS JAUNDICED (YELLOWING OF THE SKIN OR WHITES OF THE EYES) .....12  
 OTHER (SPECIFY) .....99  
 \_\_\_\_\_ (STRING 200)  
 DON'T KNOW .....d  
 REFUSED .....r

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 DAY .....3  
 ALMOST EVERY DAY .....4  
 1 TO 3 TIMES DURING THE PAST 7 DAYS .....5  
 HE/SHE DID NOT DRINK THESE BEVERAGES .....5  
 DON'T KNOW .....d  
 REFUSED .....r

ALL

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

CODE ONE ONLY

ONCE .....1  
 TWICE .....2  
 THREE TO FIVE TIMES .....3  
 SIX TO TEN TIMES .....4  
 MORE THAN TEN TIMES .....5  
 CHILD LIKES EVERYTHING .....6  
 DON'T KNOW .....d  
 REFUSED .....r

ALL

**P12. Do you consider [CHILD]...**

CODE ONE ONLY

A very picky eater, .....1  
 A somewhat picky eater, or .....2  
 Not a picky eater .....3  
 DON'T KNOW .....d  
 REFUSED .....r

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



<b>Two or three times a day,</b> .....	2
<b>Once a day,</b> .....	3
<b>Almost every day, or</b> .....	4
<b>1 to 3 times during the past 7 days</b> .....	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 KNOW .....d

REFUSED .....r

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 month .....4
- Never .....5
- DON'T KNOW .....d
- REFUSED .....r

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 month .....4
- Never .....5
- DON'T KNOW .....d
- REFUSED .....r

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].**

- YES .....1 [SKIP]
- NO .....0 [SKIP]
- DON'T KNOW .....d [SKIP]
- REFUSED .....r [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 PROBLEM .....2 [SKIP]  
NOT AVAILABLE IN AREA/TRANSPORT PROBLEM.....3 [SKIP]  
NOT CONVENIENT TIMES .....4 [SKIP]  
DOCTOR DID NOT KNOW HOW TO TREAT OR PROVIDE CARE .....5 [SKIP]  
Other Specify Response option .....99 [SKIP]  
\_\_\_\_\_ (STRING (NUM))  
DON'T KNOW .....d [SKIP]  
REFUSED .....r [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?**

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

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

PH21=1

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

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

FEMALE RESPONDENTS

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

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

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 KNOW .....d

REFUSED .....r

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**

YES .....1 [SKIP]

NO .....0 [SKIP]

DON'T KNOW .....d [SKIP]

REFUSED .....r [SKIP]

PH30=1

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

CODE ONE ONLY

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]
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]

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 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 PREGNANCY .....2 [SKIP]  
 DOESN'T WANT TO.....3 [SKIP]  
 DOESN'T THINK ABOUT IT.....4 [SKIP]  
 CURRENTLY PREGNANT .....5 [SKIP]  
 OTHER (SPECIFY).....99 [SKIP]  
 \_\_\_\_\_ (STRING (NUM))  
 DON'T KNOW .....d [SKIP]  
 REFUSED .....r [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 KNOW .....d [SKIP]



REFUSED .....r [SKIP]

R IS BIO MOM

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

\_\_\_\_|\_\_\_\_| DESCRIPTION (NUMBER RANGE) [SKIP]

DON'T KNOW .....d [SKIP]

REFUSED .....r [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 KNOW .....d [SKIP]

REFUSED .....r [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

CIGARETTES .....1

PACKS .....2

DON'T KNOW .....d

REFUSED .....r

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 home .....1 [SKIP]  
 Smoking is allowed in some rooms or at some times .....2 [SKIP]  
 Smoking is permitted anywhere inside my home? .....3 [SKIP]  
 DON'T KNOW .....d [SKIP]  
 REFUSED .....r [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 THEN .....0  
 LESS THAN 1 DRINK .....1  
 1 TO 3 DRINKS.....2  
 4 TO 6 DRINKS.....3  
 7 TO 13 DRINKS.....4  
 14 TO 19 DRINKS.....5  
 20 OR MORE DRINKS .....6  
 DON'T KNOW .....d  
 REFUSED .....r

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, or** .....1  
**Never?** .....0  
 DON'T KNOW .....d  
 REFUSED .....r

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?**

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

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

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

REFUSED .....r [SKIP]

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

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 KNOW .....d  
REFUSED .....r

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 KNOW .....d [SKIP]  
REFUSED .....r [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 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 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 [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

**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)?**

YES ..... 1 [SKIP]  
NO ..... 0 [SKIP]  
DON'T KNOW ..... d [SKIP]  
REFUSED ..... r [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, or** ..... 3 [SKIP]  
**Very dissatisfied?** ..... 4 [SKIP]  
DON'T KNOW ..... d [SKIP]  
REFUSED ..... r [SKIP]

ALL

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

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

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?**

YES .....1 SS19  
NO .....0 [SKIP]  
DON'T KNOW .....d [SKIP]  
REFUSED .....r [SKIP]

SS21=1

**SS22. What was the name of the program?**

\_\_\_\_\_ (STRING 200) [SKIP]  
Program  
DON'T KNOW .....d [SKIP]  
REFUSED .....r [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, or** .....3 [SKIP]  
**13 times or more?** .....4 [SKIP]  
DON'T KNOW .....d [SKIP]  
REFUSED .....r [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.**

\_\_\_\_\_  
\_\_\_\_\_  
E-MAIL ADDRESS (STRING (50))

DON'T KNOW .....d

REFUSED .....r

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 KNOW .....d

REFUSED .....r

CELL PHONE:

|\_|\_|\_| - |\_|\_|\_| - |\_|\_|\_|\_|

(RANGE) (RANGE) (RANGE)

DON'T KNOW .....d

REFUSED .....r

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 KNOW .....d CONCLUDE

REFUSED .....r 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 KNOW .....d

REFUSED .....r

CELL PHONE:

|\_|\_|\_| - |\_|\_|\_| - |\_|\_|\_|\_|

(RANGE) (RANGE) (RANGE)

DON'T KNOW .....d

REFUSED .....r

H2a NE d, r

**H2d. Please give me their permanent address.**

\_\_\_\_\_  
STREET 1

\_\_\_\_\_  
STREET 2

\_\_\_\_\_  
STREET 3

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

DON'T KNOW .....d

REFUSED .....r

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 KNOW .....d

REFUSED .....r



H3a NE d, r

**H3a. What is the name of a second person?**

INTERVIEWER: ENTER NAME OF PERSON

\_\_\_\_\_ (STRING (50))  
NAME

DON'T KNOW .....d CONCLUDE

REFUSED .....r 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 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))

H3a NE d, r

**H3c. What is that person's telephone number?**

|\_|\_|\_| - |\_|\_|\_| - |\_|\_|\_|\_|

(RANGE) (RANGE) (RANGE)

DON'T KNOW .....d

REFUSED .....r

CELL PHONE:

|\_|\_|\_| - |\_|\_|\_| - |\_|\_|\_|\_|

(RANGE) (RANGE) (RANGE)

DON'T KNOW .....d

REFUSED .....r

H3a NE d, r

**H3d. Please give me their permanent address.**

\_\_\_\_\_  
STREET 1

\_\_\_\_\_  
STREET 2

\_\_\_\_\_  
STREET 3

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

DON'T KNOW .....d

REFUSED .....r

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 KNOW .....d

REFUSED .....r

H4a NE d, r

**H4a. What is the name of a third person?**

INTERVIEWER: ENTER NAME OF PERSON

\_\_\_\_\_ (STRING (50))  
NAME

DON'T KNOW .....d CONCLUDE

REFUSED .....r 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 (MALE).....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))

H4a NE d, r

**H4c. What is that person's telephone number?**

|\_|\_|\_| - |\_|\_|\_| - |\_|\_|\_|\_|

(RANGE) (RANGE) (RANGE)

DON'T KNOW .....d

REFUSED .....r

CELL PHONE:

|\_|\_|\_| - |\_|\_|\_| - |\_|\_|\_|\_|

(RANGE) (RANGE) (RANGE)

DON'T KNOW .....d

REFUSED .....r

H4a NE d, r

**H4d. Please give me their permanent address.**

\_\_\_\_\_  
STREET 1

\_\_\_\_\_  
STREET 2

\_\_\_\_\_  
STREET 3

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

DON'T KNOW .....d

REFUSED .....r

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 KNOW .....d

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 KNOW .....d

REFUSED .....r

ALL

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