

Pre-Pregnancy Questionnaire - Adult

|  |  |
| --- | --- |
| Event Category: | Trigger-Based |
| Event: | Pre-Pregnancy |
| Administration: | N/A |
| Instrument Target: | Pre-Pregnant Woman |
| Instrument Respondent: | Pre-Pregnant Woman |
| Domain: | Questionnaire |
| Document Category: | Questionnaire |
| Method: | Data Collector Administered |
| Mode (for this instrument\*): | In-Person, CAI; Phone, CAI |
| OMB Approved Modes: | In-Person, CAI; Phone, CAI; Web-Based, CAI |
| Estimated Administration Time: | 12 minutes |
| Multiple Child/Sibling Consideration: | Per Event |
| Special Considerations: | N/A |
| Recruitment Groups: | All |
| Version: | 1.0 |
| MDES Release: | 4.0 |

\*This instrument is OMB-approved for multi-mode administration but this version of the instrument is designed for administration in this/these mode(s) only.

This page intentionally left blank.

Pre-Pregnancy Questionnaire - Adult

TABLE OF CONTENTS

[GENERAL PROGRAMMER INSTRUCTIONS: 1](#_Toc371606186)

[INTERVIEW INTRODUCTION 3](#_Toc371606187)

[MEDICAL HISTORY 7](#_Toc371606188)

[HEALTH INSURANCE 11](#_Toc371606189)

[HOUSEHOLD COMPOSITION AND DEMOGRAPHICS 14](#_Toc371606190)

[TRACING QUESTIONS 22](#_Toc371606191)

This page intentionally left blank.

Pre-Pregnancy Questionnaire - Adult

GENERAL PROGRAMMER INSTRUCTIONS:

WHEN PROGRAMMING INSTRUMENTS, VALIDATE FIELD LENGTHS AND TYPES AGAINST THE MDES TO ENSURE DATA COLLECTION RESPONSES DO NOT EXCEED THOSE OF THE MDES. SOME GENERAL ITEM LIMITS USED ARE AS FOLLOWS:

|  |  |  |  |
| --- | --- | --- | --- |
| **DATA ELEMENT FIELDS** | **MAXIMUM CHARACTERS PERMITTED** | **DATA TYPE** | **PROGRAMMER INSTRUCTIONS** |
| ADDRESS AND EMAIL FIELDS | 100 | CHARACTER |  |
| UNIT AND PHONE FIELDS | 10 | CHARACTER |  |
| \_OTH AND COMMENT FIELDS | 255 | CHARACTER | * Limit text to 255 characters |
| FIRST NAME AND LAST NAME | 30 | CHARACTER | * Limit text to 30 characters |
| ALL ID FIELDS | 36 | CHARACTER |  |
| ZIP CODE | 5 | NUMERIC |  |
| ZIP CODE LAST FOUR | 4 | NUMERIC |  |
| CITY | 50 | CHARACTER |  |
| DOB AND ALL OTHER DATE FIELDS (E.G., DT, DATE, ETC.) | 10 | NUMERIC  CHARACTER | * DISPLAY AS MM/DD/YYYY * STORE AS YYYY-MM-DD * HARD EDITS:   MM MUST EQUAL 01 TO 12  DD MUST EQUAL 01 TO 31  YYYY MUST BE BETWEEN 1900 AND CURRENT YEAR. |
| TIME VARIABLES | TWO-DIGIT HOUR AND TWO-DIGIT MINUTE, AM/PM DESIGNATION | NUMERIC | * HARD EDITS:   HOURS MUST BE BETWEEN 00 AND 12;  MINUTES MUST BE BETWEEN 00 AND 59 |

**Instrument Guidelines for Participant and Respondent IDs:**

PRENATALLY, THE **P\_ID** IN THE MDES HEADER IS THAT OF THE PARTICIPANT (E.G. THE NON-PREGNANT WOMAN, PREGNANT WOMAN, OR THE FATHER).

POSTNATALLY, A RESPONDENT ID WILL BE USED IN ADDITION TO THE PARTICIPANT ID BECAUSE SOMEBODY OTHER THAN THE PARTICIPANT MAY BE COMPLETING THE INTERVIEW. FOR EXAMPLE, THE PARTICIPANT MAY BE THE CHILD AND THE RESPONDENT MAY BE THE MOTHER, FATHER, OR ANOTHER CAREGIVER. THEREFORE, MDES VERSION 2.2 AND ALL FUTURE VERSIONS CONTAIN A **R\_P\_ID** (RESPONDENT PARTICIPANT ID) HEADER FIELD FOR EACH POST-BIRTH INSTRUMENT. THIS WILL ALLOW ROCs TO INDICATE WHETHER THE RESPONDENT IS SOMEBODY OTHER THAN THE PARTICIPANT ABOUT WHOM THE QUESTIONS ARE BEING ASKED.

**A REMINDER:**

ALL RESPONDENTS MUST BE CONSENTED AND HAVE RECORDS IN THE PERSON, PARTICIPANT, PARTICIPANT\_CONSENT AND LINK\_PERSON\_PARTICIPANT TABLES, WHICH CAN BE PRELOADED INTO EACH INSTRUMENT. ADDITIONALLY, IN POST-BIRTH QUESTIONNAIRES WHERE THERE IS THE ABILITY TO LOOP THROUGH A SET OF QUESTIONS FOR MULTIPLE CHILDREN, IT IS IMPORTANT TO CAPTURE AND STORE THE CORRECT CHILD **P\_ID** ALONG WITH THE LOOP INFORMATION. IN THE MDES VARIABLE LABEL/DEFINITION COLUMN, THIS IS INDICATED AS FOLLOWS: **EXTERNAL IDENTIFIER: PARTICIPANT ID FOR CHILD DETAIL.**

INTERVIEW INTRODUCTION

**(TIME\_STAMP\_II\_ST).**

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP * PRELOAD PARTICIPANT ID **(P\_ID)** AND RESPONDENT ID (**R\_P\_ID**) FOR ADULT. * PRELOAD **R\_FNAME, R\_LNAME, PERSON\_DOB\_MM, PERSON\_DOB\_DD,**AND **PERSON\_DOB\_YYYY**. |

**II01000.** Thank you for agreeing to participate in the National Children’s Study.  This interview will take about 12 minutes to complete.  Your answers are important to us.  There are no right or wrong answers, just those that help us understand your situation.  During this interview, we will ask about yourself, your health, where you live, and your feelings about being a part of the National Children’s Study.  You can skip over any questions or stop the interview at any time.  We will keep everything that you tell us confidential.

First, we’d like to make sure we have your correct name and birth date.

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **R\_FNAME**AND **R\_LNAME**COLLECTED PREVIOUSLY AND ≠ -1 OR -2, GO TO **NAME\_CONFIRM.** * OTHERWISE, GO TO **​II03000.** |

**II02000/(NAME\_CONFIRM).** Is your name {PARTICIPANT NAME}?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 | DOB\_CONFIRM |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard Phase |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY **R\_FNAME** ​AS PARTICIPANT NAME. |

**II03000.** What is your full name?

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (PregScreener) |

**(R\_FNAME)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FIRST NAME

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**(R\_LNAME)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LAST NAME

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF PARTICIPANT REFUSES TO PROVIDE INFORMATION, RE-STATE CONFIDENTIALITY PROTECTIONS, ASK FOR INITIALS OR SOME OTHER NAME SHE WOULD LIKE TO BE CALLED * CONFIRM SPELLING OF FIRST NAME IF NOT PREVIOUSLY COLLECTED AND OF LAST NAME. |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **PERSON\_DOB\_MM, PERSON\_DOB\_DD,**AND **PERSON\_DOB\_YYYY**COLLECTED PREVIOUSLY AND ≠ -1 OR -2, GO TO **DOB\_CONFIRM.** * OTHERWISE, GO TO **II05000.** |

**II04000/(DOB\_CONFIRM).** Is your birth date {PARTICIPANT’S DATE OF BIRTH}?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 | AGE\_ELIG |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard Phase |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY **PERSON\_DOIB\_MM, PERSON\_DOB\_DD,**AND **PERSON\_DOB\_YYYY**AS PARTICIPANT'S DATE OF BIRTH. * IF **DOB\_CONFIRM** = 1, SET **PERSON\_DOB\_MM, PERSON\_DOB\_DD,**AND **PERSON\_DOB\_YYYY** TO KNOWN VALUE |

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF PARTICIPANT REFUSES TO PROVIDE INFORMATION, RE-STATE CONFIDENTIALITY PROTECTIONS AND THAT DOB IS REQUIRED TO DETERMINE ELIGIBILITY |

**II05000.** What is your date of birth?

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (P1 and T1 Mom) |

**(PERSON\_DOB\_MM)** MONTH: |\_\_\_|\_\_\_|

                M   M

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**(PERSON\_DOB\_DD)** DAY: |\_\_\_|\_\_\_|

           D    D

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**(PERSON\_DOB\_YYYY)** YEAR: |\_\_\_|\_\_\_|\_\_\_|\_\_\_|

             Y    Y     Y     Y

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF PARTICIPANT REFUSES TO PROVIDE INFORMATION, RE-STATE CONFIDENTIALITY PROTECTIONS AND THAT DOB IS REQUIRED TO DETERMINE ELIGIBILITY * ENTER A TWO-DIGIT MONTH, TWO-DIGIT DAY, AND A FOUR-DIGIT YEAR |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INCLUDE A SOFT EDIT/WARNING IF CALCULATED AGE IS LESS THAN LOCAL AGE OF MAJORITY OR GREATER THAN 50 |

**II06000/(AGE\_ELIG).**

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| PARTICIPANT IS AGE-ELIGIBLE | 1 | TIME\_STAMP\_II\_ET |
| PARTICIPANT IS YOUNGER THAN AGE OF MAJORITY | 2 |  |
| PARTICIPANT IS OVER AGE 49 | 3 |  |
| AGE ELIGIBILITY IS UNKNOWN | -6 | TIME\_STAMP\_II\_ET |

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF VALUE IS “REFUSED” OR “DON’T KNOW” FLAG CASE FOR SUPERVISOR REVIEW AT ROC TO CONFIRM AGE ELIGIBILITY POST-INTERVIEW. |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * BASED ON **DOB\_CONFIRM** OR **PERSON\_DOB\_MM, PERSON\_DOB\_DD,** AND **​PERSON\_DOB\_YYYY**CALCULATE **AGE**.  USING KNOWN LOCAL AGE OF MAJORITY DETERMINE IF SHE IS ELIGIBLE (AT LEAST AGE OF MAJORITY AND LESS THAN AGE 50); SET **AGE\_ELIG** AS APPROPRIATE. |

**(TIME\_STAMP\_II\_ET).**

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT/TIMESTAMP |

MEDICAL HISTORY

**(TIME\_STAMP\_MH\_ST).**

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP |

**MH01000.** Next, I have some general questions about your health and health care.

**MH02000/(HEALTH).** Would you say your health in general is . . .

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Excellent | 1 |  |
| Very good | 2 |  |
| Good | 3 |  |
| Fair | 4 |  |
| Poor | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Behavioral Risk Factor Surveillance System |

**MH03000/(EVER\_PREG).** Have you ever been pregnant?  Please include live births, miscarriages, stillbirths, ectopic pregnancies, and pregnancy terminations.

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Avon Longitudinal Study of Parents and Children |

**MH04000.** The next questions are about medical conditions or health problems you might have now or may have had in the past.

**MH05000/(ASTHMA).** Have you ever been told by a doctor or other health care provider that you had asthma?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination Survey (modified) |

**MH06000/(HIGHBP).** (Have you ever been told by a doctor or other health care provider that you had)…

Hypertension or high blood pressure {when you’re **not pregnant**}?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT AS NEEDED |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **EVER\_PREG** ≠ 2 DISPLAY, “when you’re **not pregnant**" |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination Survey (modified) |

**MH07000/(DIABETES\_1).** (Have you ever been told by a doctor or other health care provider that you had)…

High blood sugar or Diabetes {when you’re **not pregnant**}?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT AS NEEDED |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **EVER\_PREG** ≠ 2 DISPLAY, “when you’re **not pregnant**” |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 | THYROID\_1 |
| REFUSED | -1 | THYROID\_1 |
| DON'T KNOW | -2 | THYROID\_1 |

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination Survey (modified) |

**MH08000/(DIABETES\_2).** Have you taken any medicine or received other medical treatment for diabetes in the past 12 months?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination Survey (modified) |

**MH09000/(DIABETES\_3).** Have you ever taken insulin?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination Survey (modified) |

**MH10000/(THYROID\_1).** (Have you ever been told by a doctor or other health care provider that you had) Hypothyroidism, that is, an under-active thyroid?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 | VITAMIN |
| REFUSED | -1 | VITAMIN |
| DON'T KNOW | -2 | VITAMIN |

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination Survey (modified) |

**MH11000/(THYROID\_2).** Have you taken any medicine or received other medical treatment for a thyroid problem in the past 12 months?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination Survey (modified) |

**MH12000/(VITAMIN).** Do you currently take multivitamins, prenatal vitamins, folic acid, or folate?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination Survey (modified) |

**MH13000.** This next question is about where you go for routine health care.

**MH14000/(HLTH\_CARE).** What kind of place do you usually go to when you need routine or preventive care, such as a physical examination or check-up?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Clinic or health center | 1 |  |
| Doctor's office or Health Maintenance Organization (HMO) | 2 |  |
| Hospital emergency room | 3 |  |
| Hospital outpatient department | 4 |  |
| Some other place | 5 |  |
| DOESN'T GO TO ONE PLACE MOST OFTEN | 6 |  |
| DOESN'T GET PREVENTIVE CARE ANYWHERE | -7 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard Phase |

**(TIME\_STAMP\_MH\_ET).**

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP |

HEALTH INSURANCE

**(TIME\_STAMP\_HI\_ST).**

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP |

**HI01000.** Now I’m going to switch to another subject and ask about health insurance.

**HI02000/(INSURE).** Are you currently covered by any kind of health insurance or some other kind of health care plan?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 | TIME\_STAMP\_HI\_ET |
| REFUSED | -1 | TIME\_STAMP\_HI\_ET |
| DON'T KNOW | -2 | TIME\_STAMP\_HI\_ET |

|  |
| --- |
| SOURCE |
| National Health Interview Survey (modified) |

**HI03000.** Now I’ll read a list of different types of insurance. Please tell me which types you currently have.

**HI04000/(INS\_EMPLOY).** Insurance through an employer or union either through yourself or another family member?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (Do you currently have...) AS NEEDED |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| American Community Survey (modified) |

**HI05000/(INS\_MEDICAID).** Medicaid or any government-assistance plan for those with low incomes or a disability?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (Do you currently have...) AS NEEDED |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| American Community Survey (modified) |

**HI06000/(INS\_TRICARE).** TRICARE, VA, or other military health care?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (Do you currently have...) AS NEEDED |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| American Community Survey (modified) |

**HI07000/(INS\_IHS).** Indian Health Service?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (Do you currently have...) AS NEEDED |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| American Community Survey (modified) |

**HI08000/(INS\_MEDICARE).** Medicare, for people with certain disabilities?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (Do you currently have...) AS NEEDED |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| American Community Survey (modified) |

**HI09000/(INS\_OTH).** Any other type of health insurance or health coverage plan?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (Do you currently have...) AS NEEDED |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| American Community Survey (modified) |

**(TIME\_STAMP\_HI\_ET).**

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP |

HOUSEHOLD COMPOSITION AND DEMOGRAPHICS

**(TIME\_STAMP\_HCA\_ST).**

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP |

**HCA01000.** Now, I’d like to ask some questions about your schooling and employment.

**HCA02000/(EDUC).** What is the highest degree or level of school that you have completed?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOW CARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD. * IF NOT USING SHOW CARDS, READ RESPONSE OPTIONS. |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| LESS THAN A HIGH SCHOOL DIPLOMA OR GED | 1 |  |
| HIGH SCHOOL DIPLOMA OR GED | 2 |  |
| SOME COLLEGE BUT NO DEGREE | 3 |  |
| ASSOCIATE DEGREE | 4 |  |
| BACHELOR’S DEGREE (E.G., BA, BS) | 5 |  |
| POST GRADUATE DEGREE (E.G., MASTERS OR DOCTORAL) | 6 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| U.S. Decennial Census |

**HCA03000/(WORK\_CURRENTLY).** Are you currently employed?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 | HCA06000 |
| REFUSED | -1 | HCA06000 |
| DON'T KNOW | -2 | HCA06000 |

|  |
| --- |
| SOURCE |
| Pregnancy, Infection, and Nutrition Study |

**HCA04000/(HOURS).** Approximately how many hours each week are you working?

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

NUMBER OF HOURS

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Pregnancy, Infection and Nutrition Study |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INCLUDE A SOFT EDIT IF RESPONSE > 60 |

**HCA05000/(SHIFT\_WORK).** Do you currently work a shift that starts after 2pm?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Avon Longitudinal Study of Parents and Children (modified) |

**HCA06000.** The next questions may be similar to those asked the last time we contacted you, but we are asking them again because sometimes the answers change.

**HCA07000/(MARISTAT).** I’d like to ask about your marital status. Are you:

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * PROBE FOR CURRENT MARITAL STATUS. |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Married, | 1 |  |
| Not married but living together with a partner | 2 |  |
| Never been married, | 3 | TIME\_STAMP\_HCA\_ET |
| Divorced, | 4 | TIME\_STAMP\_HCA\_ET |
| Separated, or | 5 | TIME\_STAMP\_HCA\_ET |
| Widowed? | 6 | TIME\_STAMP\_HCA\_ET |
| REFUSED | -1 | TIME\_STAMP\_HCA\_ET |
| DON'T KNOW | -2 | TIME\_STAMP\_HCA\_ET |

|  |
| --- |
| SOURCE |
| National Survey of Family Growth |

**HCA08000/(SP\_EDUC).** What is the highest degree or level of school that your spouse or partner has completed?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOW CARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD. * IF NOT USING SHOW CARDS, READ RESPONSE OPTIONS. |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| LESS THAN A HIGH SCHOOL DIPLOMA OR GED | 1 |  |
| HIGH SCHOOL DIPLOMA OR GED | 2 |  |
| SOME COLLEGE BUT NO DEGREE | 3 |  |
| ASSOCIATE DEGREE | 5 |  |
| BACHELOR’S DEGREE (E.G., BA, BS) | 5 |  |
| POST GRADUATE DEGREE (E.G., MASTERS OR DOCTORAL) | 6 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| U.S. Decennial Census |

**HCA09000/(SP\_ETHNIC\_1).** Is your spouse or partner of Hispanic, Latino/a, or Spanish origin?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| U.S. Department of Health and Human Services Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status required by Section 4302 of the Affordable Care Act. (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **SP\_ETHNIC\_1** = 1, GO TO **SP\_ETHNIC\_2.** * IF **SP\_ETHNIC\_1**≠ 1, AND    + IF MODE = CAPI, GO TO **SP\_RACE\_NEW.**   + IF MODE = CATI, GO TO **SP\_RACE\_1.**​ |

**HCA10000/(SP\_ETHNIC\_2).** Is your spouse or partner one or more of the following?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * SELECT ALL THAT APPLY. * PROBE: Anything else? |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Mexican, Mexican American, Chicano/a | 1 |  |
| Puerto Rican | 2 |  |
| Cuban | 3 |  |
| Another Hispanic, Latino/a, or Spanish origin | 4 |  |
| OTHER | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| U.S. Department of Health and Human Services Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status required by Section 4302 of the Affordable Care Act. (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **SP\_ETHNIC\_2** = -5, OR ANY COMBINATION OF 1 THROUGH 4 AND -5, GO TO **SP\_ETHNIC\_2\_OTH.** * **IF SP\_ETHNIC\_2** = ANY COMBINATION OF 1 THROUGH 4, GO TO PROGRAMMER INSTRUCTIONS FOLLOWING **SP\_ETHNIC\_2\_OTH.** * IF **SP\_ETHNIC\_2** = -1 OR -2, DO NOT ALLOW ANY OTHER RESPONSES AND GO TO PROGRAMMER INSTRUCTIONS FOLLOWING **SP\_ETHNIC\_2\_OTH.** |

**HCA11000/(SP\_ETHNIC\_2\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| U.S. Department of Health and Human Services Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status required by Section 4302 of the Affordable Care Act. (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF MODE = CAPI, GO TO **SP\_RACE\_NEW.** * IF MODE = CATI, GO TO **SP\_RACE\_1.** |

**HCA12000/(SP\_RACE\_NEW).** What is your spouse or partner’s race? (One or more categories may be selected).

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOW CARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD. * IF NOT USING SHOW CARDS, READ RESPONSE OPTIONS. * PROBE FOR ANY OTHER RESPONSES. * ONLY USE “SOME OTHER RACE” IF VOLUNTEERED. * SELECT ALL THAT APPLY. |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| WHITE | 1 |  |
| BLACK OR AFRICAN AMERICAN | 2 |  |
| AMERICAN INDIAN OR ALASKA NATIVE | 3 |  |
| ASIAN INDIAN | 4 |  |
| CHINESE | 5 |  |
| FILIPINO | 6 |  |
| JAPANESE | 7 |  |
| KOREAN | 8 |  |
| VIETNAMESE | 9 |  |
| OTHER ASIAN | 10 |  |
| NATIVE HAWAIIAN | 11 |  |
| GUAMANIAN OR CHAMORRO | 12 |  |
| SAMOAN | 13 |  |
| OTHER PACIFIC ISLANDER | 14 |  |
| SOME OTHER RACE | -5 |  |
| REFUSED | -1 |  |
| DON't KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| U.S. Department of Health and Human Services Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status required by Section 4302 of the Affordable Care Act. (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **SP\_RACE\_NEW** = ANY COMBINATION OF 1 THROUGH 14, GO TO**TIME\_STAMP\_HCA\_ET.** * IF **SP\_RACE\_NEW** = -5 OR ANY COMBINATION OF 1 THROUGH 14 AND -5, GO TO **SP\_RACE\_NEW\_OTH.** * IF **SP\_RACE\_NEW** = -1 OR -2, DO NOT ALLOW ANY OTHER RESPONSES AND GO TO**TIME\_STAMP\_HCA\_ET.** |

**HCA13000/(SP\_RACE\_NEW\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| U.S. Department of Health and Human Services Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status required by Section 4302 of the Affordable Care Act. (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * GO TO **TIME\_STAMP\_HCA\_ET.** |

**HCA14000/(SP\_RACE\_1).** ​What is your spouse or partner’s race? (One or more categories may be selected).

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * PROBE FOR ANY OTHER RESPONSES * ONLY USE  “SOME OTHER RACE” IF VOLUNTEERED. * SELECT ALL THAT APPLY. |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| White | 1 |  |
| Black or African American | 2 |  |
| American Indian or Alaska native | 3 |  |
| Asian | 4 |  |
| Native Hawaiian or other Pacific Islander | 5 |  |
| SOME OTHER RACE | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| ​U.S. Department of Health and Human Services Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status required by Section 4302 of the Affordable Care Act. (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **SP\_RACE\_1** = ANY COMBINATION OF 1 THROUGH 3, GO TO TIME\_**STAMP\_HCA\_ET.** IF **SP\_RACE\_1** = 4 OR ANY COMBINATION OF 4 AND 1, 2, 3, AND/OR 5, GO TO **SP\_RACE\_2.** IF **SP\_RACE\_1** = 5 OR ANY COMBINATION OF 5 AND 1 THROUGH 3, GO TO **SP\_RACE\_3.** IF **SP\_RACE\_1** = -5, OR ANY COMBINATION OF 1 THROUGH 5 AND -5, GO TO **SP\_RACE\_1\_OTH.** IF **SP\_RACE\_1** =  -1 OR -2, DO NOT ALLOW ANY OTHER RESPONSES AND GO TO **TIME\_STAMP\_HCA\_ET.** |

**HCA15000/(SP\_RACE\_1\_OTH).** SPECIFY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| ​U.S. Department of Health and Human Services Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status required by Section 4302 of the Affordable Care Act. (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **SP\_RACE\_1** = 4 OR 4 AND ANY COMBINATION OF 1, 2, 3, AND/OR 5, GO TO **SP\_RACE\_2.** * IF **SP\_RACE\_1** = 5 OR 5 AND ANY COMBINATION OF 1 THROUGH 3, GO TO **SP\_RACE\_3.** * OTHERWISE, GO TO **TIME\_STAMP\_HCA\_ET.** |

**HCA16000/(SP\_RACE\_2).** ​What is your spouse or partner’s race? (One or more categories may be selected).

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * PROBE FOR ANY OTHER RESPONSES * SELECT ALL THAT APPLY. |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Asian Indian | 1 |  |
| Chinese | 2 |  |
| Filipino | 3 |  |
| Japanese | 4 |  |
| Korean | 5 |  |
| Vietnamese | 6 |  |
| Other Asian | 7 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| ​U.S. Department of Health and Human Services Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status required by Section 4302 of the Affordable Care Act. (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **SP\_RACE\_1** = ANY COMBINATION WITH 4 AND 5, GO TO **SP\_RACE\_3.** * OTHERWISE, GO TO **​TIME\_STAMP\_HCA\_ET.** |

**HCA17000/(SP\_RACE\_3).** ​What is your spouse or partner’s race? (One or more categories may be selected).

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * PROBE FOR ANY OTHER RESPONSES * SELECT ALL THAT APPLY. |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Native Hawaiian | 1 |  |
| Guamanian or Chamorro | 2 |  |
| Samoan | 3 |  |
| Other Pacific Islander | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| ​U.S. Department of Health and Human Services Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status required by Section 4302 of the Affordable Care Act. (modified) |

**(TIME\_STAMP\_HCA\_ET).**

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP |

TRACING QUESTIONS

**(TIME\_STAMP\_TQ\_ST).**

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP |

**TQ01000.** The next set of questions asks about different ways we might be able to keep in touch with you.  Please remember that all the information you provide is confidential and will not be provided to anyone outside the National Children’s Study.

**TQ02000/(HAVE\_EMAIL).** Do you have an email address?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 | CELL\_PHONE\_1 |
| REFUSED | -1 | CELL\_PHONE\_1 |
| DON'T KNOW | -2 | CELL\_PHONE\_1 |

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard Phase (modified) |

**TQ03000/(EMAIL\_2).** May we use your personal email address to make future study appointments or send appointment reminders?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard Phase |

**TQ04000/(EMAIL\_3).** May we use your personal email address for questionnaires (like this one) that you can answer over the Internet?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard Phase |

**TQ05000/(EMAIL).** What is the best email address to reach you?

ENTER E-MAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY EXAMPLE OF VALID EMAIL ADDRESS SUCH AS JANEDOE@EMAIL.COM |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard Phase |

**TQ06000/(CELL\_PHONE\_1).** Do you have a personal cell phone?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 | CONTACT\_1 |
| REFUSED | -1 | CONTACT\_1 |
| DON'T KNOW | -2 | CONTACT\_1 |

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard Phase (modified) |

**TQ07000/(CELL\_PHONE\_2).** May we use your personal cell phone to make future study appointments or for appointment reminders?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard Phase |

**TQ08000/(CELL\_PHONE\_3).** Do you send and receive text messages on your personal cell phone?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 | CELL\_PHONE |
| REFUSED | -1 | CELL\_PHONE |
| DON'T KNOW | -2 | CELL\_PHONE |

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard Phase |

**TQ09000/(CELL\_PHONE\_4).** May we send text messages to make future study appointments or for appointment reminders?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard Phase |

**TQ10000/(CELL\_PHONE).** What is your personal cell phone number?

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

PHONE NUMBER

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard Phase |

**TQ11000/(CONTACT\_1).** Sometimes if people move or change their telephone number, we have difficulty reaching them.  Could I have the name of a friend or relative not currently living with you who should know where you could be reached in case we have trouble contacting you?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 | TQ21100 |
| REFUSED | -1 | TQ21100 |
| DON'T KNOW | -2 | TQ21100 |

|  |
| --- |
| SOURCE |
| Saving for Education, Entrepreneurship and Down payment for Oklahoma Kids (SEED) (modified) |

**TQ12000.** What is this person’s name?

|  |
| --- |
| SOURCE |
| Saving for Education, Entrepreneurship and Down payment for Oklahoma Kids (SEED) (modified) |

**(CONTACT\_FNAME\_1)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FIRST NAME

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**(CONTACT\_LNAME\_1)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

     LAST NAME

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF PARTICIPANT DOES NOT WANT TO PROVIDE NAME OF CONTACT, ASK FOR INITIALS * CONFIRM SPELLING OF FIRST AND LAST NAMES. |

**TQ13000/(CONTACT\_RELATE\_1).** What is his/her relationship to you?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| MOTHER/FATHER | 1 |  |
| BROTHER/SISTER | 2 |  |
| AUNT/UNCLE | 3 |  |
| GRANDPARENT | 4 |  |
| NEIGHBOR | 5 |  |
| FRIEND | 6 |  |
| OTHER | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Saving for Education, Entrepreneurship and Down payment for Oklahoma Kids (SEED) (modified) |

**TQ14000/(CONTACT\_RELATE1\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Saving for Education, Entrepreneurship and Down payment for Oklahoma Kids (SEED) (modified) |

**TQ15000.** What is his/her address?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * PROMPT AS NECESSARY TO COMPLETE INFORMATION |

|  |
| --- |
| SOURCE |
| Saving for Education, Entrepreneurship and Down payment for Oklahoma Kids (SEED) (modified) |

**(C\_ADDR1\_1)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**(C\_ADDR\_2\_1)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**(C\_UNIT\_1)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UNIT

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**(C\_CITY\_1)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**(C\_STATE\_1)**

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

STATE

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**(C\_ZIPCODE\_1)** |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|

ZIP CODE

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**(C\_ZIP4\_1)** - |\_\_\_|\_\_\_|\_\_\_|\_\_\_|

   +4

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**TQ16000/(CONTACT\_PHONE\_1).** What is his/her telephone number?

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

PHONE NUMBER

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| CONTACT HAS NO TELEPHONE | 1 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Saving for Education, Entrepreneurship and Down payment for Oklahoma Kids (SEED) (modified) |

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF CONTACT HAS NO TELEPHONE ASK FOR TELEPHONE NUMBER WHERE HE/SHE RECEIVES CALLS |

**TQ17000.** Now I’d like to collect information on a second contact who does not currently live with you. What is this person’s name?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * CONFIRM SPELLING OF FIRST AND LAST NAMES. |

|  |
| --- |
| SOURCE |
| Saving for Education, Entrepreneurship and Down payment for Oklahoma Kids (SEED) (modified) |

**(CONTACT\_FNAME\_2)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

FIRST NAME

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NO SECOND CONTACT PROVIDED | -7 | TQ21100 |
| REFUSED | -1 | TQ21100 |
| DON'T KNOW | -2 | TQ21100 |

**(CONTACT\_LNAME\_2)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LAST NAME

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF PARTICIPANT DOES NOT WANT TO PROVIDE NAME OF CONTACT ASK FOR INITIALS * CONFIRM SPELLING OF FIRST AND LAST NAMES. |

**TQ18000/(CONTACT\_RELATE\_2).** What is his/her relationship to you?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| MOTHER/FATHER | 1 |  |
| BROTHER/SISTER | 2 |  |
| AUNT/UNCLE | 3 |  |
| GRANDPARENT | 4 |  |
| NEIGHBOR | 5 |  |
| FRIEND | 6 |  |
| OTHER | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Saving for Education, Entrepreneurship and Down payment for Oklahoma Kids (SEED) (modified) |

**TQ19000/(CONTACT\_RELATE2\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Saving for Education, Entrepreneurship and Down payment for Oklahoma Kids (SEED) (modified) |

**TQ20000.** What is his/her address?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * PROMPT AS NECESSARY TO COMPLETE INFORMATION |

|  |
| --- |
| SOURCE |
| Saving for Education, Entrepreneurship and Down payment for Oklahoma Kids (SEED) (modified) |

**(C\_ADDR1\_2)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**(C\_ADDR\_2\_2)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**(C\_UNIT\_2)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UNIT

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**(C\_CITY\_2)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**(C\_STATE\_2)** |\_\_\_|\_\_\_|

STATE

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**(C\_ZIPCODE\_2)**

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

ZIP CODE

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**(C\_ZIP4\_2)** |\_\_\_|\_\_\_|\_\_\_|\_\_\_|

+4

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**TQ21000/(CONTACT\_PHONE\_2).** |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|

PHONE NUMBER

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| CONTACT HAS NO TELEPHONE | -7 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Saving for Education, Entrepreneurship and Down payment for Oklahoma Kids (SEED) (modified) |

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF CONTACT HAS NO TELEPHONE ASK FOR TELEPHONE NUMBER WHERE HE/SHE RECEIVES CALLS |

**TQ21100.** Thank you for participating in the National Children’s Study and for taking the time to complete this survey.  This concludes the interview portion of our visit.

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| EXPLAIN SAQS AND RETURN PROCESS |

**(TIME\_STAMP\_TQ\_ET).**

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP |