

Birth Questionnaire – Child

|  |  |
| --- | --- |
| Event Category: | Time-Based |
| Event: | Birth |
| Administration: | N/A |
| Instrument Target: | Child |
| Instrument Respondent: | Biological Mother |
| 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: | 6 minutes |
| Multiple Child/Sibling Consideration: | Per Child |
| Special Considerations: | N/A |
| 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.

Birth Questionnaire – Child

TABLE OF CONTENTS

[GENERAL PROGRAMMER INSTRUCTIONS: 1](#_Toc371091750)

[INTERVIEWER-COMPLETED QUESTIONS - OPENING 3](#_Toc371091751)

[BABY CHARACTERISTICS 5](#_Toc371091752)

[INFANT FEEDING 11](#_Toc371091753)

[INFANT SLEEP ENVIRONMENT AND ROUTINE 13](#_Toc371091754)

[WELL BABY CARE AND IMMUNIZATIONS 16](#_Toc371091755)

[PLANS FOR CHILDCARE 18](#_Toc371091756)

[INFANT MEDICAL CARE LOG INTRODUCTION 21](#_Toc371091757)

This page intentionally left blank.

Birth Questionnaire – Child

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 | NUMERICCHARACTER | * DISPLAY AS MM/DD/YYYY
* STORE AS YYYY-MM-DD
* HARD EDITS:

MM MUST EQUAL 01 TO 12DD MUST EQUAL 01 TO 31YYYY 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.**

INTERVIEWER-COMPLETED QUESTIONS - OPENING

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP
* PRELOAD PARTICIPANT ID (**P\_ID**) FOR CHILD AND RESPONDENT ID (**R\_P\_ID**) FOR BIOLOGICAL MOTHER.
* PRELOAD **C\_FNAME** AND **CHILD\_SEX**FROM **INSTRUMENT\_ID** = XX (PARTICIPANT VERIFICATION, SCHEDULING, & TRACING QUESTIONNAIRE).
* IF **C\_FNAME** ≠ -1 OR -2, DISPLAY APPROPRIATE NAME IN “C\_FNAME” THROUGHOUT THE INSTRUMENT.
* OTHERWISE, IF **C\_FNAME** = -1 OR -2, DISPLAY “your baby” OR "the child" IN APPROPRIATE FIELDS THROUGHOUT THE INSTRUMENT.
* IF **CHILD\_SEX** = 1, DISPLAY “his”, “he”, OR “himself” IN APPROPRIATE FIELDS THROUGHOUT INSTRUMENT.
* IF **CHILD\_SEX** = 2, DISPLAY “her”, “she”, OR “herself” IN APPROPRIATE FIELDS THROUGHOUT INSTRUMENT.
* PRELOAD **MODE.**
 |

**IQO01000/(BIRTH\_DELIVER).** WHERE DID PARTICIPANT DELIVER BABY OR BABIES?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| HOSPITAL | 1 |  |
| BIRTHING CENTER | 2 |  |
| AT HOME | 3 |  |
| SOME OTHER PLACE | -5 |  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **BIRTH\_DELIVER** = 1, DISPLAY “hospital” THROUGHOUT THE INSTRUMENT.
* IF **BIRTH\_DELIVER** = 2, DISPLAY “birthing center” THROUGHOUT THE INSTRUMENT.
* IF **BIRTH\_DELIVER** = -5, DISPLAY “other place” THROUGHOUT THE INSTRUMENT.
 |

**IQO02000/(MULTIPLE).** WAS THIS A MULTIPLE BIRTH?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 | RELEASE |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **MULTIPLE** = 1, DISPLAY “babies” THROUGHOUT INSTRUMENT AS APPROPRIATE.
* IF **MULTIPLE** = 2, DISPLAY “baby” THROUGHOUT INSTRUMENT AS APPROPRIATE.
 |

**IQO03000/(MULTIPLE\_NUM).** HOW MANY BABIES WERE DELIVERED?

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

NUMBER OF BABIES

**IQO04000/(RELEASE).** {HAS BABY/HAVE BABIES} BEEN RELEASED FROM THE {HOSPITAL/BIRTHING CENTER/OTHER PLACE}?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * ASK ONLY IF NEEDED.
* IF MULTIPLE BIRTH AND AT LEAST ONE BABY HAS BEEN RELEASED FROM HOSPITAL, SELECT “1”.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **MULTIPLE**= 2 DISPLAY “HAS BABY”.
* IF **MULTIPLE**= 1 DISPLAY “HAVE BABIES”.
 |

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

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

BABY CHARACTERISTICS

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

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

**BC01000.** First, let’s talk about {C\_FNAME}.

**BC02000.** How much did {C\_FNAME/your baby} weigh when {he/she} was born?

|  |
| --- |
| SOURCE |
| National Health Interview Survey |

**(BABY\_BWT\_LB)** POUNDS:    |\_\_\_|\_\_\_|

                    P     P

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

**(BABY\_BWT\_OZ)** OUNCES:    |\_\_\_|\_\_\_|

                    O     O

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

**BC03000/(BABY\_ETHNIC\_ORIGIN).** Is {C\_FNAME/the child} 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 Office of Minority Health Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status. |

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

**BC04000/(BABY\_ETHNIC\_ORIGIN\_1).** Is {C\_FNAME/the child} 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 Office of Minority Health Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status. |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **BABY\_ETHNIC\_ORIGIN\_1** = -5 OR ANY COMBINATION OF 1 THROUGH 4 AND -5, GO TO **BABY\_ETHNIC\_ORIGIN\_1\_OTH**.
* IF **BABY\_ETHNIC\_ORIGIN\_1** = ANY COMBINATION OF 1 THROUGH 4, GO TO PROGRAMMER INSTRUCTIONS FOLLOWING **BABY\_ETHNIC\_ORIGIN\_1\_OTH**.
* IF **BABY\_ETHNIC\_ORIGIN\_1** = -1 OR -2, DO NOT ALLOW ANY OTHER RESPONSES AND GO TO PROGRAMMER INSTRUCTIONS FOLLOWING **BABY\_ETHNIC\_ORIGIN\_1\_OTH.**
 |

**BC05000/(BABY\_ETHNIC\_ORIGIN\_1\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| U.S. Department of Health and Human Services Office of Minority Health Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status. |

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

**BC06000/(BABY\_RACE\_NEW).** What is {C\_FNAME/the child}’s race? (One or more categories may be selected).

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
* SELECT ALL THAT APPLY.
* CODE “SOME OTHER RACE” ONLY IF VOLUNTEERED.
* PROBE: Anything else?
 |

|  |  |  |
| --- | --- | --- |
| 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 Office of Minority Health Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status. |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **BABY\_RACE\_NEW** = ANY COMBINATION OF 1 THROUGH 14, GO TO **LIVE\_MOM**.
* IF **BABY\_RACE \_NEW**= -5 OR ANY COMBINATION OF 1 THROUGH 14 AND -5, GO TO **BABY\_RACE\_NEW\_OTH**.
* IF **BABY\_RACE\_NEW** = -1 OR -2, DO NOT ALLOW ANY OTHER RESPONSES AND GO TO **LIVE\_MOM**.
 |

**BC07000/(BABY\_RACE\_NEW\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| U.S. Department of Health and Human Services Office of Minority Health Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status. |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * GO TO **LIVE\_MOM**.
 |

**BC08000/(BABY\_RACE\_1).** What is {C\_FNAME/the child}’s race? (One or more categories may be selected).

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * SELECT ALL THAT APPLY.
* CODE “SOME OTHER RACE” ONLY IF VOLUNTEERED.
* PROBE: Anything else?
 |

|  |  |  |
| --- | --- | --- |
| 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 Office of Minority Health Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status. |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **BABY\_RACE\_1** = ANY COMBINATION OF 1 THROUGH 3, GO TO **LIVE\_MOM**.
* IF **BABY\_RACE\_1** = 4 OR ANY COMBINATION OF 4 AND 1, 2, 3, AND/OR 5, GO TO **BABY\_RACE\_2**.
* IF **BABY\_RACE\_1** = 5 OR ANY COMBINATION OF 5 AND 1 THROUGH 3, GO TO **BABY\_RACE\_3**.
* IF **BABY\_RACE\_1** = -5 OR ANY COMBINATION OF 1 THROUGH 5 AND -5, GO TO **BABY\_RACE\_1\_OTH.**
* IF **BABY\_RACE\_1** = -1 OR -2, DO NOT ALLOW ANY OTHER RESPONSES AND GO TO **LIVE\_MOM.**
 |

**BC09000/(BABY\_RACE\_1\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| U.S. Department of Health and Human Services Office of Minority Health Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status. |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **BABY\_RACE\_1** = 4 OR ANY COMBINATION OF 4 AND 1, 2, 3, AND/OR 5, GO TO **BABY\_RACE\_2**.
* IF **BABY\_RACE\_1** = 5 OR ANY COMBINATION OF 5 AND 1 THROUGH 3, GO TO **BABY\_RACE\_3**.
* OTHERWISE, IF **BABY\_RACE\_1** DOES NOT INCLUDE 4 OR 5, GO TO **LIVE\_MOM**.
 |

**BC10000/(BABY\_RACE\_2).** What is {C\_FNAME/the child}’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 Office of Minority Health Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status. |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **BABY\_RACE\_1** = INCLUDES 5, GO TO **BABY\_RACE\_3**.
* OTHERWISE, IF **BABY\_RACE\_1** DOES NOT INCLUDE 5, GO TO **LIVE\_MOM**.
 |

**BC11000/(BABY\_RACE\_3).** What is {C\_FNAME/the child}’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 Office of Minority Health Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status. |

**BC12000/(LIVE\_MOM).** {Does {C\_FNAME/your baby}}/{When {C\_FNAME/your baby} leaves the} {hospital/birthing center/other place} {will} {he/she} live with you?

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

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF EITHER **RELEASE**=1 OR **BIRTH\_DELIVER** = 3, DISPLAY “Does {C\_FNAME/your baby}”.
* IF **RELEASE** = 2, DISPLAY “When {C\_FNAME/your baby} leaves the” AND “will”.
 |

**BC13000/(LIVE\_OTH).** With whom {does {he/she}}/{will {he/she}} live?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| BABY’S FATHER | 1 |  |
| BABY’S GRANDPARENT(S) | 2 |  |
| OTHER FAMILY MEMBER | 3 |  |
| PLACING IN FOSTER CARE | 4 |  |
| PLACING FOR ADOPTION | 5 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **MULTIPLE** = 2 AND EITHER **RELEASE**=1 OR **BIRTH\_DELIVER** = 3, DISPLAY “does {he/she}”.
* IF **MULTIPLE** = 2 AND **RELEASE**=2, DISPLAY “will {he/she}”.
 |

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

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

INFANT FEEDING

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

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

**IF01000/(FED\_BABY).** Have you fed {C\_FNAME/your baby} since {his/her} birth?

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

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

**IF02000/(HOW\_FED).** How have you fed {C\_FNAME/your baby}?  Did you breast or bottle feed?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| BREAST ONLY | 1 |  |
| BOTTLE ONLY | 2 |  |
| BOTH BREAST AND BOTTLE | 3 |  |
| OTHER | 4 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **LIVE\_MOM** = 2, GO TO **TIME\_STAMP\_IF\_ET**.
* OTHERWISE, GO TO **PLAN\_FEED.**
 |

**IF03000/(PLAN\_FEED).** {Have you fed/Do you plan to feed} the baby breast milk, formula or both?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| BREAST MILK | 1 |  |
| FORMULA | 2 |  |
| BOTH BREAST MILK AND FORMULA | 3 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **FED\_BABY** = 2, -1, OR -2, DISPLAY “Do you plan to feed”.
* OTHERWISE, DISPLAY “Have you fed”.
 |

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

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

INFANT SLEEP ENVIRONMENT AND ROUTINE

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

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

**IS01000/(POS\_HOSP).** {Do/Did} the nurses in the {hospital/birthing center/other place} usually put {C\_FNAME/your baby} to sleep on {his/her} stomach, back, or side?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| STOMACH | 1 |  |
| BACK | 2 |  |
| SIDE | 3 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **RELEASE** = 1, DISPLAY “Did.”
* IF **RELEASE** = 2, DISPLAY “Do."
 |

**IS02000/(POS\_HOME).** In what position do you {usually put {C\_FNAME/your baby}}/{plan to put {C\_FNAME/your baby}} to sleep at home?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| STOMACH | 1 |  |
| BACK | 2 |  |
| SIDE | 3 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Infant Sleep Position Study (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **BIRTH\_DELIVER** = 3 OR **RELEASE**= 1, DISPLAY “usually put {C\_FNAME/your baby}”.
* OTHERWISE, DISPLAY “plan to put {C\_FNAME/your baby}”.
 |

**IS03000/(SLEEP\_ROOM).** {When you go home from the {hospital/birthing center/other place}, do you plan for}/{Does} {C\_FNAME/your baby} {to} sleep…

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| In {his/her} own room | 1 |  |
| In a room with other children | 2 |  |
| In your bedroom | 3 |  |
| Another location | -5 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **RELEASE** = 2, DISPLAY “When you go home from the {hospital/birthing center/other place}, do you plan for” and “to”.
* IF **BIRTH\_DELIVER** = 3 OR **RELEASE**=1, DISPLAY "Does".
 |

**IS04000/(BED).** {When you go home from the {hospital/birthing center/other place}, do you plan for}/{Does}{C\_FNAME/your baby} {to} sleep in …

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| A bassinette | 1 | TIME\_STAMP\_IS\_ET |
| A crib | 2 | TIME\_STAMP\_IS\_ET |
| A co-sleeper | 3 | TIME\_STAMP\_IS\_ET |
| An adult bed alone | 4 | TIME\_STAMP\_IS\_ET |
| An adult bed with you | 5 | TIME\_STAMP\_IS\_ET |
| An adult bed with another child | 6 | TIME\_STAMP\_IS\_ET |
| Something else | -5 |  |
| REFUSED | -1 | TIME\_STAMP\_IS\_ET |
| DON’T KNOW | -2 | TIME\_STAMP\_IS\_ET |

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **RELEASE** = 2, DISPLAY “When you go home from the {hospital/birthing center/other place}, do you plan for” and “to”
* IF **BIRTH\_DELIVER** = 3 OR **RELEASE**=1, DISPLAY “Does”
 |

**IS05000/(BED\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

WELL BABY CARE AND IMMUNIZATIONS

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

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

**WBC01000/(HCARE).** Where do you plan to take your new baby for well-baby checkups?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Hospital clinic | 1 | VACCINE |
| Health department clinic | 2 | VACCINE |
| Private doctor's office or health maintenance organization (HMO) | 3 | VACCINE |
| Some other place | -5 |  |
| REFUSED | -1 | VACCINE |
| DON'T KNOW | -2 | VACCINE |

|  |
| --- |
| SOURCE |
| Pregnancy Risk Assessment and Monitoring System (modified) |

**WBC02000/(HCARE\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| Pregnancy Risk Assessment and Monitoring System (modified) |

**WBC03000/(VACCINE).** Do you plan for your new baby to have well-baby shots or vaccinations?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| YES, ON A DELAYED SCHEDULE | 2 |  |
| NO | 3 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Pregnancy Risk Assessment and Monitoring System (modified) |

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

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

PLANS FOR CHILDCARE

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

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

**PFC10100.** Next I would like to ask you a few questions about your plans for child care.

**PFC11000/(CHILDCARE).** Will {C\_FNAME/your baby} receive regularly scheduled care from someone other than you or the baby’s father?

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

|  |
| --- |
| SOURCE |
| Study of Early Child Care and Youth Development, Early Childhood Longitudinal Program Birth Cohort, National Household Examination Survey, Child Care Decision Making Study (Australia) (modified) |

**PFC12000/(CCARE\_TYPE).** Please describe the type of setting in which most of the child care will occur.

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| PARTICIPANT’S HOME | 1 | CCARE\_WHO |
| OTHER PRIVATE HOME | 2 | CCARE\_WHO |
| CHILD CARE CENTER | 3 | CCARE\_WHO |
| OTHER | -5 |  |
| REFUSED | -1 | CCARE\_WHO |
| DON’T KNOW | -2 | CCARE\_WHO |

|  |
| --- |
| SOURCE |
| Study of Early Child Care and Youth Development, Early Childhood Longitudinal Program Birth Cohort, National Household Examination Survey, Child Care Decision Making Study (Australia) (modified) |

**PFC13000/(CCARE\_TYPE\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| Study of Early Child Care and Youth Development, Early Childhood Longitudinal Program Birth Cohort, National Household Examination Survey, Child Care Decision Making Study (Australia) (modified) |

**PFC14000/(CCARE\_WHO).** Which best describes the person who will be caring for {C\_FNAME/your baby}?

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

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YOUR MOTHER | 1 | TIME\_STAMP\_PFC\_ET |
| YOUR FATHER | 2 | TIME\_STAMP\_PFC\_ET |
| YOUR MOTHER IN-LAW | 3 | TIME\_STAMP\_PFC\_ET |
| YOUR FATHER IN-LAW | 4 | TIME\_STAMP\_PFC\_ET |
| GUARDIAN | 5 | TIME\_STAMP\_PFC\_ET |
| OTHER RELATIVE | 6 |  |
| FRIEND | 7 | TIME\_STAMP\_PFC\_ET |
| NANNY | 8 | TIME\_STAMP\_PFC\_ET |
| PROFESSIONAL IN-HOME DAYCARE | 9 | TIME\_STAMP\_PFC\_ET |
| PROFESSIONAL CENTER-BASED DAYCARE | 10 | TIME\_STAMP\_PFC\_ET |
| OTHER | -5 | CCARE\_WHO\_OTH |
| REFUSED | -1 | TIME\_STAMP\_PFC\_ET |
| DON’T KNOW | -2 | TIME\_STAMP\_PFC\_ET |

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

**PFC15000/(REL\_CARE\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

**PFC16000/(CCARE\_WHO\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

INFANT MEDICAL CARE LOG INTRODUCTION

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

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

**IMC01000.** In order to help keep track of the child’s doctor visits or other health care provider visits, we {are providing you with/will mail you} an Infant and Child Health Care Log. At each Study visit or telephone interview, we will ask you about any health care visits the child had since the last Study visit or telephone interview. This log will help you remember that information.

{The Infant and Child Health Care Log is very similar to the Pregnancy Health Care Log, and will be used the same way. The only difference is the addition of the Immunization/Vaccination/Shot Log which is where all of the child’s vaccination information will need to be written down.}

It will be very helpful if you use the log to write down information whenever the child receives health care, so that you will be able to remember it accurately during NCS Study visits or telephone interviews.

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

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * DISTRIBUTE INFANT AND CHILD HEALTH CARE LOG.
* EXPLAIN INFANT AND CHILD HEALTH CARE LOG.
 |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **MODE**​= CAPI, DISPLAY “are providing you with”.
* OTHERWISE, IF **MODE**= CATI, DISPLAY “will mail you”.
* IF **EVENT\_TYPE =**13 (PV1) SET TO COMPLETE, DISPLAY “The Infant and Child Health Care Log is very similar to the Pregnancy Health Care Log, and will be used the same way. The only difference is the addition of the Immunization/Vaccination/Shot Log which is where all of the child’s vaccination information will need to be written down”.
 |

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

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