THE NATIONAL
CHILDREN'S STUDY

HEALTH GROWTH ENVIRONMENT

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.

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Birth Questionnaire – Child

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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	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

<u>Instrument Guidelines for Participant and Respondent IDs:</u>

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:
o IF **MODE** = CAPI, GO TO **BABY_RACE_NEW**.
o IF **MODE** = CATI, GO TO **BABY_RACE_1**.

BC04000/(BABY_ETHNIC_ORIGIN_1). Is {C_FNAME/the child} one or more of the following?

- 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**	

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**	

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	

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	

- 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	

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

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	

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	

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	

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	

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	

Label	Code	Go To
In your bedroom	3	
Another location	-5	
REFUSED	-1	
DON'T KNOW	-2	

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

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	

(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

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

PFC15000/(REL_CARE_OTH). SPECIFY: _____

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

PROGRAMMER INSTRUCTIONS
• GO TO **TIME_STAMP_PFC_ET**.

PFC16000/(CCARE_WHO_OTH). SPECIFY: _____

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

(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