



3M Questionnaire - Child

Event Category:	Time-Based
Event:	3M
Administration:	N/A
Instrument Target:	Child
Instrument Respondent:	Primary Caregiver
Domain:	Questionnaire
Document Category:	Questionnaire
Method:	Data Collector Administered
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OMB Approved Modes:	In-Person, CAI; Phone, CAI; Web-Based, CAI
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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.

Public reporting burden for this collection of information is estimated to average 12 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0593*). Do not return the completed form to this address.

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3M Questionnaire - Child

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3M 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	<ul style="list-style-type: none"> • Limit text to 255 characters
FIRST NAME AND LAST NAME	30	CHARACTER	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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.**

SLEEP ENVIRONMENT

(TIME_STAMP_SL_ST).

PROGRAMMER INSTRUCTIONS

- INSERT DATE/TIME STAMP
- PRELOAD PARTICIPANT ID (**P_ID**) FOR CHILD AND RESPONDENT ID (**R_P_ID**) FOR ADULT CAREGIVER.
- PRELOAD FIRST NAME OF CHILD (**C_FNAME**) FROM PARTICIPANT VERIFICATION, SCHEDULING, & TRACING QUESTIONNAIRE AND DISPLAY APPROPRIATE NAME IN "**C_FNAME**" THROUGHOUT THE INSTRUMENT.
- OTHERWISE, IF **C_FNAME** IN PARTICIPANT VERIFICATION, SCHEDULING, & TRACING = -1 OR -2, DISPLAY "the child" IN APPROPRIATE FIELDS THROUGHOUT THE INSTRUMENT.
- IF **CHILD_SEX** IN PARTICIPANT VERIFICATION, SCHEDULING, & TRACING QUESTIONNAIRE = 1, DISPLAY "his", "he", OR "himself" IN APPROPRIATE FIELDS THROUGHOUT INSTRUMENT.
- IF **CHILD_SEX** IN PARTICIPANT VERIFICATION, SCHEDULING, & TRACING QUESTIONNAIRE = 2, DISPLAY "her", "she", OR "herself" IN APPROPRIATE FIELDS THROUGHOUT INSTRUMENT.

SL01000. Now, I would like to ask you about {C_FNAME/the child}, starting with {his/her} sleeping habits.

SL02000/(SLEEP_PLACE_1). Does {C_FNAME/the child} usually sleep in your bedroom or in a different room at night?

Label	Code	Go To
IN ADULT CAREGIVER'S ROOM	1	
IN A DIFFERENT ROOM	2	
BOTH IN ADULT CAREGIVER'S ROOM AND A DIFFERENT ROOM	3	
REFUSED	-1	
DON'T KNOW	-2	

SOURCE

Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Young Baby Girl Questionnaire (modified)

SL03000/(SLEEP_PLACE_2). What does {C_FNAME/the child} sleep in at night?

Label	Code	Go To
A bassinette	1	TIME_STAMP_SL_ET
A crib	2	TIME_STAMP_SL_ET
A co-sleeper	3	TIME_STAMP_SL_ET
In the bed or other place	4	TIME_STAMP_SL_ET

Label	Code	Go To
with you		
In something else	-5	
REFUSED	-1	TIME_STAMP_SL_ET
DON'T KNOW	-2	TIME_STAMP_SL_ET

SOURCE
 Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Young Baby Girl Questionnaire (modified)

SL04000/(SLEEP_PLACE_2_OTH). SPECIFY: _____

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

SOURCE
 Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Young Baby Girl Questionnaire (modified)

(TIME_STAMP_SL_ET).

PROGRAMMER INSTRUCTIONS
 INSERT DATE/TIME STAMP

SLEEP ROUTINE

(TIME_STAMP_SR_ST).

PROGRAMMER INSTRUCTIONS
INSERT DATE/TIME STAMP

SR01000/(SLEEP_POSITION_NIGHT). In what position do you most often lay {C_FNAME/the child} down to sleep at night? On {his/her}

Label	Code	Go To
Stomach	1	
Back	2	
Side	3	
REFUSED	-1	
DON'T KNOW	-2	

SOURCE
Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Young Baby Girl Questionnaire (modified)

SR03000/(SLEEP_HRS_DAY). Approximately how many hours does {C_FNAME/the child} sleep during the day?

--	--

 HOURS

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

SOURCE
Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Daughter Questionnaire (modified)

PROGRAMMER INSTRUCTIONS
<ul style="list-style-type: none"> • DISPLAY HARD EDIT IF SLEEP_HRS_DAY > 24. • DISPLAY SOFT EDIT IF SLEEP_HRS_DAY > 15 BUT ≤ 24.

SR07000/(SLEEP_HRS_NIGHT). Approximately how many hours does {C_FNAME/the child} sleep at night?

--	--

 HOURS

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

SOURCE

Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Daughter Questionnaire (modified)

PROGRAMMER INSTRUCTIONS

- DISPLAY HARD EDIT IF **SLEEP_HRS_DAY + SLEEP_HRS_NIGHT > 24.**
- DISPLAY SOFT EDIT IF **SLEEP_HRS_DAY + SLEEP_HRS_NIGHT > 15 BUT ≤ 24.**

SR08000/(SLEEP_DIFFICULT). How often is {C_FNAME/the child} difficult when {he/she} is put to bed?

Label	Code	Go To
Most of the time	1	
Often	2	
Sometimes	3	
Rarely	4	
Never	5	
REFUSED	-1	
DON'T KNOW	-2	

SOURCE

Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Daughter Questionnaire (modified)

(TIME_STAMP_SR_ET).

PROGRAMMER INSTRUCTIONS

INSERT DATE/TIME STAMP

CRYING PATTERNS

(TIME_STAMP_CP_ST).

PROGRAMMER INSTRUCTIONS

INSERT DATE/TIME STAMP

CP01000. All babies fuss and cry sometimes. I'm now going to ask you some questions to get a better idea of {C_FNAME/the child}'s crying patterns.

CP02000/(CRY_MORE). Compared to other babies, do you think {C_FNAME/the child} cries more, the same, or less?

Label	Code	Go To
MORE	1	
THE SAME	2	
LESS	3	
REFUSED	-1	
DON'T KNOW	-2	

SOURCE

Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Daughter Questionnaire (modified)

CP03000/(CRY_CONSOLE). Can you usually calm or console {C_FNAME/the child} when {he/she} cries?

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

SOURCE

Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Daughter Questionnaire (modified)

CP04000/(CRY_COLIC). Does {C_FNAME/the child} have episodes of colic, or times when {he/she} cries and can't be calmed or consoled?

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

SOURCE

Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Daughter Questionnaire (modified)

CP05000/(COLIC_FREQ). How often does {C_FNAME/the child} have episodes of colic, or times when {he/she} cries and can't be calmed or consoled:

Label	Code	Go To
Every day	1	
Most days	2	
Sometimes	3	
Rarely	4	
Never	5	
REFUSED	-1	
DON'T KNOW	-2	

SOURCE

Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Daughter Questionnaire (modified)

CP06000/(CRY_PROBLEM). Are you finding {C_FNAME/the child}'s crying to be a problem or upsetting?

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

SOURCE

Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Daughter Questionnaire (modified)

(TIME_STAMP_CP_ET).

PROGRAMMER INSTRUCTIONS

INSERT DATE/TIME STAMP

CHILD DEVELOPMENT AND PARENTING

(TIME_STAMP_CDP_ST).

PROGRAMMER INSTRUCTIONS
INSERT DATE/TIME STAMP

CDP01000. Even though {C_FNAME/the child} is only {AGE OF CHILD IN MONTHS} months old, {he/she} may show emotions or other actions. Overall, would you describe {C_FNAME/the child} as:

PROGRAMMER INSTRUCTIONS
<ul style="list-style-type: none"> • USING CHILD_DOB AND CURRENT DATE, CALCULATE CHILD'S AGE TO THE NEAREST MONTH AND DISPLAY IN "{AGE OF CHILD IN MONTHS}".

CDP02000/(CALM). Calm?

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

SOURCE
Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Young Baby Girl Questionnaire (modified)

CDP03000/(WORRIED). Worried?

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

SOURCE
Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Young Baby Girl Questionnaire (modified)

CDP04000/(SOCIAL). Sociable or outgoing?

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

SOURCE
Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Young Baby Girl

SOURCE

Questionnaire (modified)

CDP05000/(ANGRY). Angry?

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

SOURCE

Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Young Baby Girl Questionnaire (modified)

CDP06000/(SHY). Shy or quiet?

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

SOURCE

Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Young Baby Girl Questionnaire (modified)

CDP07000/(STUBBORN). Stubborn?

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

SOURCE

Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Young Baby Girl Questionnaire (modified)

CDP08000/(HAPPY). Happy?

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

SOURCE

Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Young Baby Girl Questionnaire (modified)

CDP09000. I'd like to ask about {C_FNAME/the child} and you. I will read you a list of things {C_FNAME/the child} may already do or may start doing when {he/she} gets older. Does {C_FNAME/the child}:

CDP10000/(EYES_FOLLOW). Follow you with {his/her} eyes?

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

SOURCE

Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Young Baby Girl Questionnaire (modified)

CDP11000/(SMILE). Smile when you smile at {him/her}?

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

SOURCE

Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Daughter Questionnaire (modified)

CDP12000/(REACH_1). Try to get a toy that is out of reach?

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

SOURCE

Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Daughter Questionnaire (modified)

CDP13000/(FEED). Feed {himself/herself} a cracker or cereal?

Label	Code	Go To
YES	1	
NO	2	

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

SOURCE

Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Daughter Questionnaire (modified)

CDP14000/(WAVE). Wave goodbye?

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

SOURCE

Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Infant Son Questionnaire (modified)

CDP15000/(REACH_2). Reach for toys or food held to {him/her}?

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

SOURCE

Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Daughter Questionnaire (modified)

CDP16000/(GRAB). Grab an object like a block or rattle from you?

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

SOURCE

Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Daughter Questionnaire (modified)

CDP17000/(SWITCH_HANDS). Move a toy or block from one hand to the other?

Label	Code	Go To
YES	1	
NO	2	

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

SOURCE

Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Daughter Questionnaire (modified)

CDP18000/(PICKUP). Pick up a small object like a Cheerio or raisin?

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

SOURCE

Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Daughter Questionnaire (modified)

CDP19000/(HOLD). Hold two toys or blocks at a time, one in each hand?

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

SOURCE

Herald Study Instrument #23 Six-Month Home Interview (modified)

CDP20000/(SOUND_2). Turn towards a sound?

Label	Code	Go To
YES	1	
NO	2	SPEAK_1
REFUSED	-1	SPEAK_1
DON'T KNOW	-2	SPEAK_1

SOURCE

Herald Study Instrument #23 Six-Month Home Interview (modified)

CDP21000/(SOUND_3). Turn toward someone when they're speaking?

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

SOURCE

Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Daughter Questionnaire (modified)

CDP22000/(SPEAK_1). Make sounds as though {he/she} is trying to speak?

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

SOURCE

Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Daughter Questionnaire (modified)

CDP23000/(SPEAK2). Say mama or dada?

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

SOURCE

Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Daughter Questionnaire (modified)

CDP24000/(HEADUP). Keep {his/her} head steady when sitting or held up?

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

SOURCE

Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Daughter Questionnaire (modified)

CDP25000/(ROLL_1). Roll over from stomach to back?

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

SOURCE

Avon Longitudinal Survey of Parents and Children (ALSPAC) - My
Daughter Questionnaire (modified)

CDP26000/(ROLL_2). Roll from back to stomach?

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

SOURCE

Avon Longitudinal Survey of Parents and Children (ALSPAC) - My
Daughter Questionnaire (modified)

(TIME_STAMP_CDP_ET).

PROGRAMMER INSTRUCTIONS

INSERT DATE/TIME STAMP

CHILD CARE ARRANGEMENTS

(TIME_STAMP_CCA_ST).

PROGRAMMER INSTRUCTIONS

INSERT DATE/TIME STAMP

CCA01000. I'd like to ask you about different types of child care {C_FNAME/the child} may receive from someone other than parents or guardians. This includes regularly scheduled care arrangements with relatives and non-relatives; day care or early childhood programs, whether or not there is a charge or fee; and Head Start programs, but not occasional baby-sitting.

SOURCE

National Children's Study, Vanguard 2.0 Phase (Core)

CCA02000/(CHILDCARE). Does {C_FNAME/the child} currently receive any regularly scheduled care from someone other than a parent or guardian, for example from relatives, non-relatives, or a child care program?

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

SOURCE

National Children's Study, Initial Vanguard Study (3M, 6M, 9M, 12M)

CCA03000. Now I would like to ask about how many different child care arrangements you may have for {C_FNAME/the child}? Do you currently have . . .

Label	Code	Go To
New Response Option	0	

SOURCE

New

CCA04000/(CCARE_RELATIVE). Relative care?

INTERVIEWER INSTRUCTIONS

- IF NECESSARY READ "This includes all regularly scheduled care arrangements with relatives that happen at least weekly, but does not include occasional baby-sitting."

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

SOURCE

New

CCA05000/(CCARE_NEIGHBORHOOD). Family-based or neighborhood care out of someone else's home?

INTERVIEWER INSTRUCTIONS

- IF NECESSARY READ "This includes all regularly scheduled care arrangements with non-relatives that happen at least weekly, including home child care providers, regularly scheduled sitter arrangements, or neighbors. This does not include day care centers, early childhood programs, or occasional babysitting."

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

SOURCE

New

CCA06000/(CCARE_CENTERBASED). Center-based child care?

INTERVIEWER INSTRUCTIONS

- IF NECESSARY READ "This includes day care centers, nursery schools, and preschools."

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

SOURCE

New

CCA07000/(CCARE_HEADST). Head Start?

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

SOURCE

New

PROGRAMMER INSTRUCTIONS

- IF **CCARE_RELATIVE** = 1, GO TO **CCA08000**.

PROGRAMMER INSTRUCTIONS

- OTHERWISE IF **CCARE_RELATIVE** = 2, -1, OR -2, GO TO PROGRAMMER INSTRUCTIONS AFTER **CCA13000**.

CCA08000. The next few questions are about the care {C_FNAME/the child} receives from relatives.

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

CCA09000/(RELATIVE_CARE_HRS). Approximately how many total hours each week does {C_FNAME/the child} receive care from relatives?

|_|_|_|
NUMBER OF HOURS PER WEEK

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

SOURCE

Early Childhood Longitudinal Program, Birth Cohort, National Household Education Surveys (modified)

PROGRAMMER INSTRUCTIONS

- DISPLAY HARD EDIT IF **RELATIVE_CARE_HRS** ≤ 0 OR ≥ 120.
- DISPLAY SOFT EDIT IF **RELATIVE_CARE_HRS** > 80 BUT < 120.

CCA10000/(RELATIVE_CARE_NUM_ADULTS). How many adults are usually in {C_FNAME/the child}'s room or group?

|_|_|
NUMBER OF ADULTS

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

SOURCE

Early Childhood Longitudinal Program, Birth Cohort, National Household Education Surveys (modified)

PROGRAMMER INSTRUCTIONS

- DISPLAY HARD EDIT IF **RELATIVE_CARE_NUM_ADULTS** < 0 OR ≥ 25.
- DISPLAY SOFT EDIT IF **RELATIVE_CARE_NUM_ADULTS** > 8 BUT < 25.

CCA11000/(RELATIVE_CARE_NUM_CHILDREN). How many children are usually in {C_FNAME/the child}'s room or group?

NUMBER OF CHILDREN

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

SOURCE

Early Childhood Longitudinal Program, Birth Cohort, National Household Education Surveys (modified)

PROGRAMMER INSTRUCTIONS

- DISPLAY HARD EDIT IF **RELATIVE_CARE_NUM_CHILDREN** < 0 OR ≥ 75
- DISPLAY SOFT EDIT IF **RELATIVE_CARE_NUM_CHILDREN** > 30 BUT < 75.

CCA12000/(RELATIVE_CARE_LOCATION). In what location does {C_FNAME/the child} go for this care?

Label	Code	Go To
{His/her} own home	1	
Relative's home	2	
OTHER	-5	
REFUSED	-1	
DON'T KNOW	-2	

SOURCE

Early Childhood Longitudinal Program, Birth Cohort, National Household Education Surveys (modified)

PROGRAMMER INSTRUCTIONS

- IF **RELATIVE_CARE_LOCATION** = 1, -1, OR -2, GO TO PROGRAMMER INSTRUCTIONS AFTER **CCA13000**.
- IF **RELATIVE_CARE_LOCATION** = 2, GO TO **CCA13000**.
- IF **RELATIVE_CARE_LOCATION** = -5, GO TO **RELATIVE_CARE_LOCATION_OTH**.

CCA12100/(RELATIVE_CARE_LOCATION_OTH).

SPECIFY:

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

SOURCE

Early Childhood Longitudinal Program, Birth Cohort, National Household Education Surveys (modified)

CCA13000. What is the address of the place where {C_FNAME/the child} receives relative care?

INTERVIEWER INSTRUCTIONS

- PROBE AND ENTER AS MUCH INFORMATION AS ADULT CAREGIVER KNOWS.

SOURCE

National Children's Study, Vanguard 2.0 Phase (Core)

(C_NAME_1) _____
NAME

(C_ADDRESS_1) _____
ADDRESS 1 - STREET/PO BOX

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

(C_ADDRESS_2) _____
ADDRESS 2

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

(C_UNIT) _____
UNIT

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

(C_CITY) _____
CITY

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

(C_STATE) _____
STATE

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

(C_ZIP) |__| |__| |__| |__| |__|

ZIP CODE

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

(C_ZIP4) -

ZIP + 4

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

PROGRAMMER INSTRUCTIONS
<ul style="list-style-type: none">• IF CCARE_NEIGHBORHOOD = 1, GO TO CCA14000.• OTHERWISE IF CCARE_NEIGHBORHOOD = 2, -1, OR -2, GO TO PROGRAMMER INSTRUCTIONS AFTER CCA19000.

CCA14000. The next few questions are about the child care arrangements {C_FNAME/the child} receives from family-based or neighborhood care.

CCA15000/(NEIGHBORHOOD_CARE_HRS). Approximately how many total hours each week does {C_FNAME/the child} receive care from this family-based or neighborhood care?

NUMBER OF HOURS PER WEEK

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

SOURCE
Early Childhood Longitudinal Program, Birth Cohort, National Household Education Surveys (modified)

PROGRAMMER INSTRUCTIONS
<ul style="list-style-type: none">• DISPLAY HARD EDIT IF NEIGHBORHOOD_CARE_HRS ≤ 0 OR ≥ 120.• DISPLAY SOFT EDIT IF NEIGHBORHOOD_CARE_HRS > 80 BUT < 120.

CCA16000/(NEIGHBORHOOD_CARE_NUM_ADULTS). How many adults are usually in {C_FNAME/the child}'s room or group?

NUMBER OF ADULTS

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

SOURCE

Early Childhood Longitudinal Program, Birth Cohort, National Household Education Surveys (modified)

PROGRAMMER INSTRUCTIONS

- DISPLAY HARD EDIT IF **NEIGHBORHOOD_CARE_NUM_ADULTS** < 0 OR ≥ 25.
- DISPLAY SOFT EDIT IF **NEIGHBORHOOD_CARE_NUM_ADULTS** > 8 BUT < 25.

CCA17000/(NEIGHBORHOOD_CARE_NUM_CHILDREN). How many children are usually in {C_FNAME/the child}'s room or group?

NUMBER OF CHILDREN

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

SOURCE

Early Childhood Longitudinal Program, Birth Cohort, National Household Education Surveys (modified)

PROGRAMMER INSTRUCTIONS

- DISPLAY HARD EDIT IF **NEIGHBORHOOD_CARE_NUM_CHILDREN** < 0 OR ≥ 75
- DISPLAY SOFT EDIT IF **NEIGHBORHOOD_CARE_NUM_CHILDREN** > 30 BUT < 75.

CCA19000. What is the address of the place where {C_FNAME/the child} receives family-based or neighborhood care?

INTERVIEWER INSTRUCTIONS

- PROBE AND ENTER AS MUCH INFORMATION AS ADULT CAREGIVER KNOWS.

SOURCE

National Children's Study, Vanguard 2.0 Phase (Core)

(CN_NAME_1) _____
NAME

(CN_ADDRESS_1) _____
ADDRESS 1 - STREET/PO BOX

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

(CN_ADDRESS_2) _____
ADDRESS 2

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

(CN_UNIT) _____
UNIT

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

(CN_CITY) _____
CITY

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

(CN_STATE) _____
STATE

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

(CN_ZIP) |__|__|__|__|__|

ZIP CODE

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

(CN_ZIP4) - |__|__|__|__|

ZIP + 4

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

PROGRAMMER INSTRUCTIONS

- IF CCARE_CENTERBASED = 1, GO TO CCA20000.
- OTHERWISE IF CCARE_CENTERBASED = 2, -1, OR -2, GO TO PROGRAMMER INSTRUCTIONS AFTER CCA25000.

CCA20000. The next few questions are about the care {C_FNAME/the child} receives from a center-based care setting.

CCA21000/(CENTERBASED_CARE_HRS). Approximately how many total hours each week does {C_FNAME/the child} receive center-based care {not including Head Start}?

|_|_|_|
NUMBER OF HOURS PER WEEK

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

SOURCE

Early Childhood Longitudinal Program, Birth Cohort, National Household Education Surveys (modified)

PROGRAMMER INSTRUCTIONS

- DISPLAY HARD EDIT IF **CENTERBASED_CARE_HRS** ≤ 0 OR ≥ 120.
- DISPLAY SOFT EDIT IF **CENTERBASED_CARE_HRS** > 80 BUT < 120.
- DISPLAY "not including Head Start" IF **CCARE_HEADST** = 1.

CCA22000/(CENTERBASED_CARE_NUM_ADULTS). How many adults are usually in {C_FNAME/the child}'s room or group?

|_|_|
NUMBER OF ADULTS

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

SOURCE

Early Childhood Longitudinal Program, Birth Cohort, National Household Education Surveys (modified)

PROGRAMMER INSTRUCTIONS

- DISPLAY HARD EDIT IF **CENTERBASED_CARE_NUM_ADULTS** < 0 OR ≥ 25.
- DISPLAY SOFT EDIT IF **CENTERBASED_CARE_NUM_ADULTS** > 8 BUT < 25.

CCA23000/(CENTERBASED_CARE_NUM_CHILDREN). How many children are usually in {C_FNAME/the child}'s room or group?

|_|_|
NUMBER OF CHILDREN

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

SOURCE

Early Childhood Longitudinal Program, Birth Cohort, National Household Education Surveys (modified)

PROGRAMMER INSTRUCTIONS

- DISPLAY HARD EDIT IF **CENTERBASED_CARE_NUM_CHILDREN** < 0 OR > 75
- DISPLAY SOFT EDIT IF **CENTERBASED_CARE_NUM_CHILDREN** > 30.

CCA25000. What is the address of the place where {C_FNAME/the child} receives center-based care?

INTERVIEWER INSTRUCTIONS

- PROBE AND ENTER AS MUCH INFORMATION AS ADULT CAREGIVER KNOWS.

SOURCE

National Children's Study, Vanguard 2.0 Phase (Core)

(**CB_NAME_1**) _____
NAME

(**CB_ADDRESS_1**) _____
ADDRESS 1 - STREET/PO BOX

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

(**CB_ADDRESS_2**) _____
ADDRESS 2

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

(**CB_UNIT**) _____
UNIT

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

(**CB_CITY**) _____
CITY

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

(**CB_STATE**) _____

STATE

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

(CB_ZIP) | | | | |

ZIP CODE

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

(CB_ZIP4) - | | | | |

ZIP + 4

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

PROGRAMMER INSTRUCTIONS

- IF **CCARE_HEADST** = 1, GO TO **CCA26000**.
- OTHERWISE IF **CCARE_HEADST** = 2, -1, OR -2, GO TO **TIME_STAMP_CCA_ET**.

CCA26000. The next few questions are about the care {C_FNAME/the child} receives from Head Start.

CCA27000/(HEAD_START_CARE_HRS). Approximately how many total hours each week does {C_FNAME/the child} receive care from Head Start?

| | | |

NUMBER OF HOURS PER WEEK

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

SOURCE

Early Childhood Longitudinal Program, Birth Cohort, National Household Education Surveys (modified)

PROGRAMMER INSTRUCTIONS

- DISPLAY HARD EDIT IF **HEAD_START_CARE_HRS** ≤ 0 OR ≥ 70.

CCA28000/(HEAD_START_CARE_NUM_ADULTS). How many adults are usually in {C_FNAME/the child}'s room or group?

| | |

NUMBER OF ADULTS

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

SOURCE
Early Childhood Longitudinal Program, Birth Cohort, National Household Education Surveys (modified)

PROGRAMMER INSTRUCTIONS
<ul style="list-style-type: none"> • DISPLAY HARD EDIT IF HEAD_START_CARE_NUM_ADULTS < 0 OR ≥ 25. • DISPLAY SOFT EDIT IF HEAD_START_CARE_NUM_ADULTS > 8 BUT < 25.

CCA29000/(HEAD_START_CARE_NUM_CHILDREN). How many children are usually in {C_FNAME/the child}'s room or group?

NUMBER OF CHILDREN

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

SOURCE
Early Childhood Longitudinal Program, Birth Cohort, National Household Education Surveys (modified)

PROGRAMMER INSTRUCTIONS
<ul style="list-style-type: none"> • DISPLAY HARD EDIT IF HEAD_START_CARE_NUM_CHILDREN < 0 OR ≥ 75 • DISPLAY SOFT EDIT IF HEAD_START_CARE_NUM_CHILDREN > 30 BUT < 75.

CCA31000. What is the address of the place where {C_FNAME/the child} receives care from Head Start?

INTERVIEWER INSTRUCTIONS
<ul style="list-style-type: none"> • PROBE AND ENTER AS MUCH INFORMATION AS ADULT CAREGIVER KNOWS.

SOURCE
National Children's Study, Vanguard 2.0 Phase (Core)

(CR_NAME_1) _____
NAME

(CR_ADDRESS_1) _____
ADDRESS 1 - STREET/PO BOX

Label	Code	Go To
REFUSED	-1	

Label	Code	Go To
DON'T KNOW	-2	

(CR_ADDRESS_2) _____
ADDRESS 2

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

(CR_UNIT) _____
UNIT

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

(CR_CITY) _____
CITY

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

(CR_STATE) _____
STATE

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

(CR_ZIP) |__|__|__|__|__|

ZIP CODE

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

(CR_ZIP4) - |__|__|__|__|

ZIP + 4

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

(TIME_STAMP_CCA_ET).

PROGRAMMER INSTRUCTIONS

INSERT DATE/TIME STAMP

HEALTH CARE

(TIME_STAMP_HC_ST).

PROGRAMMER INSTRUCTIONS
INSERT DATE/TIME STAMP

HC01000. We will now ask some questions about {C_FNAME/the child}'s health care.

HC02000/(R_HCARE). First, what kind of place does {C_FNAME/the child} usually go to when {he/she} needs routine or well-child care, such as a check-up or well-baby shots (immunizations)?

Label	Code	Go To
A clinic or health center	1	C_HEALTH
A doctor's office or Health Maintenance Organization (HMO)	2	C_HEALTH
A hospital emergency room	3	C_HEALTH
A hospital outpatient department	4	C_HEALTH
Some other place	-5	
DOESN'T GO TO ONE PLACE MOST OFTEN	5	C_HEALTH
DOESN'T GET WELL-CHILD CARE ANYWHERE	-7	C_HEALTH
REFUSED	-1	C_HEALTH
DON'T KNOW	-2	C_HEALTH

SOURCE
National Health Interview Survey (NHIS) 2007 Child Access to Health Care & Utilization (modified)

HC03000/(R_HCARE_OTH). SPECIFY: _____

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

SOURCE
National Health Interview Survey (NHIS) 2007 Child Access to Health Care & Utilization (modified)

HC04000/(C_HEALTH). Since {C_FNAME/the child} was born, would you say {his/her} health has been poor, fair, good, or excellent?

Label	Code	Go To
POOR	1	
FAIR	2	

Label	Code	Go To
GOOD	3	
EXCELLENT	4	
REFUSED	-1	
DON'T KNOW	-2	

SOURCE
National Health Interview Survey (NHIS) 2010 Family Health Status & Limitations (modified)

HC05000/(HCARE_SICK). What kind of place does {C_FNAME/the child} usually go to when {he/she} is sick, doesn't feel well, or if you have concerns about {his/her} health?

Label	Code	Go To
A clinic or health center	1	
A doctor's office or Health Maintenance Organization (HMO)	2	
A hospital emergency room	3	
A hospital outpatient department	4	
Some other place	-5	
DOESN'T GO TO ONE PLACE MOST OFTEN	5	
NOT APPLICABLE/HAS NOT BEEN SICK	-7	
REFUSED	-1	
DON'T KNOW	-2	

SOURCE
National Health Interview Survey (NHIS) 2007 Child Access to Health Care & Utilization (modified)

PROGRAMMER INSTRUCTIONS

- IF HCARE_SICK = -5, GO TO HCARE_SICK_OTH.
- OTHERWISE, GO TO PROGRAMMER INSTRUCTIONS FOLLOWING HCARE_SICK_OTH.

HC06000/(HCARE_SICK_OTH).

SPECIFY:

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

SOURCE
National Health Interview Survey (NHIS) 2007 Child Access to Health Care & Utilization (modified)

HC08000/(USE_IC_LOG). Are you using the Infant and Child Health Care Log? This is the booklet that you or your health care provider uses to record information about the child's medical visits.

INTERVIEWER INSTRUCTIONS

- READ TEXT IN PARENTHESES IF NEEDED.

Label	Code	Go To
YES	1	NUM_PROV_IC_LOG
NO	2	
REFUSED	-1	HC15000
DON'T KNOW	-2	HC15000

SOURCE

National Children's Study, Vanguard Phase (3M) (modified)

HC09000/(REASON_NO_IC_LOG). Is that because...

INTERVIEWER INSTRUCTIONS

- IF THE ADULT CAREGIVER REPORTS THEY HAVE "misplaced the log," DISTRIBUTE A NEW LOG OR OFFER TO MAIL ONE.

Label	Code	Go To
The child hasn't had a medical visit since our last interview	1	HOSPITAL
You've misplaced the log	2	HC15000
You've forgotten to bring it to the child's medical visits	3	HC12000
The log was too much trouble to complete	4	HC12000
The log was too difficult to understand	5	HC15000
OTHER	-5	
REFUSED	-1	HC12000
DON'T KNOW	-2	HC12000

SOURCE

National Children's Study, Vanguard Phase (3M)

HC10000/(REASON_NO_IC_LOG_OTH). SPECIFY: _____

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

SOURCE

National Children's Study, Vanguard Phase (3M)

HC12000. This information is very important to the study. Please keep the log in a safe place and bring the log with you to all of the child's medical visits.

PROGRAMMER INSTRUCTIONS

- GO TO **HC15000**.

HC13000/(NUM_PROV_IC_LOG). How many health care providers has the child seen since you first started using this Infant and Child Health Care Log?

__|__|

NUMBER OF PROVIDERS

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

SOURCE

National Children's Study, Vanguard Phase (3M) (modified)

PROGRAMMER INSTRUCTIONS

- IF **NUM_PROV_IC_LOG** = 0, -1, OR -2, GO TO **HC15000**.
- OTHERWISE, GO TO **NUM_PROV_REC**.

HC14000/(NUM_PROV_REC). Of those providers that {C_FNAME/the child} has seen, for how many providers have you recorded contact information such as their address or phone number?

__|__|

NUMBER OF CONTACTS

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

SOURCE

National Children's Study, Vanguard Phase (3M) (modified)

HC15000. I am now going to ask a few more questions about the child's visits to a doctor or other health care provider (pediatrician or family medicine doctor, specialist (like a surgeon, heart, allergy, or skin doctor). It would be helpful if you referred to {the Infant and Child Health Care Log that you received as part of this study or to} personal records or a calendar that you keep that would help you to remember the dates of these visits. If you have this information available, please go and get it now.

SOURCE

National Children's Study, Vanguard Phase (3M)

PROGRAMMER INSTRUCTIONS

- DISPLAY "the Infant and Child Health Care Log that you received as part of this study or to" IF **USE_IC_LOG** = 1.

HC16000. What was the date of {C_FNAME/the child}'s most recent well-child visit or checkup?

SOURCE

National Children's Study, Legacy Phase (3M Phone, 6M Mother, 9M Phone)

(LAST_VISIT_MM) MONTH:

M		M	

Label	Code	Go To
HAS NOT HAD A VISIT	-7	HOSPITAL
REFUSED	-1	HOSPITAL
DON'T KNOW	-2	HOSPITAL

(LAST_VISIT_DD) DAY:

D		D	

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

(LAST_VISIT_YYYY) YEAR:

Y		Y		Y	

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

INTERVIEWER INSTRUCTIONS

- SHOW CALENDAR TO ASSIST IN DATE RECALL.
- ENTER A TWO-DIGIT MONTH, TWO-DIGIT DAY, AND A FOUR-DIGIT YEAR.

HC17000/(VISIT_WT). What was {C_FNAME/the child}'s weight at that visit?

POUNDS			

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

SOURCE

National Children's Study, Legacy Phase (3M Phone, 6M Mother, 9M Phone, 12M)

SOURCE

Mother)

PROGRAMMER INSTRUCTIONS

- DISPLAY A SOFT EDIT IF **VISIT_WT** < 8 OR > 21 POUNDS.
- IF **USE_IC_LOG** =1, GO TO **HC18000**.
- OTHERWISE, GO TO **HOSPITAL**.

HC18000. If you haven't yet, please put a check mark in the box next to the visit you just told me about in your Infant and Child Health Care Log.

HC19000/(HOSPITAL). Since {coming home from the hospital the first time/the child's birth}, has the child spent at least one night in the hospital?

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

SOURCE

National Health Interview Survey (NHIS) 2007 Child Access to Health Care & Utilization (modified)

PROGRAMMER INSTRUCTIONS

- IF **BIRTH_DELIVER** COLLECTED IN BIRTH QUESTIONNAIRE - CHILD AND **BIRTH_DELIVER** = 1, DISPLAY "coming home from the hospital for the first time".
- OTHERWISE, DISPLAY "the child's birth".

HC20000/(HOSPITAL_TIMES). How many times since {coming home from the hospital the first time/the child's birth} has {C_FNAME/the child} spent at least one night in the hospital?

|_|_|
TIMES

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

SOURCE

National Health Interview Survey (NHIS) 2007 Child Access to Health Care & Utilization (modified)

PROGRAMMER INSTRUCTIONS

- IF **BIRTH_DELIVER** COLLECTED IN BIRTH QUESTIONNAIRE - CHILD AND **BIRTH_DELIVER** = 1, DISPLAY "coming home from the hospital for the first time".
- OTHERWISE, DISPLAY "the child's birth".
- LOOP THROUGH **ADMIN_DATE_MM**, **ADMIN_DATE_DD**, **ADMIN_DATE_YY**,

PROGRAMMER INSTRUCTIONS

HOSP_NIGHTS, DIAGNOSIS, DIAGNOSES (IF DIAGNOSIS = 1), AND HC25000 (IF USE_IC_LOG = 1) FOR EACH HOSPITAL ADMISSION.

- TOTAL NUMBER OF LOOPS SHOULD EQUAL **HOSPITAL_TIMES** .
- AFTER COMPLETING FINAL LOOP, GO TO **TIME_STAMP_HC_ET**.

HC21000. What was the admission date of {C_FNAME/the child}'s {most recent/next most recent} hospital stay?

SOURCE

National Children's Study, Legacy Phase (T1 Mom, T3 Prior)

(ADMIN_DATE_MM) MONTH:

M	M		

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

(ADMIN_DATE_DD) DAY:

D	D		

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

(ADMIN_DATE_YYYY) YEAR:

Y	Y	Y	Y				

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

INTERVIEWER INSTRUCTIONS

- SHOW CALENDAR TO ASSIST IN DATE RECALL.
- ENTER A TWO-DIGIT MONTH, A TWO-DIGIT DAY, AND A FOUR-DIGIT YEAR.

PROGRAMMER INSTRUCTIONS

- IF FIRST LOOP, DISPLAY "most recent".
- OTHERWISE, DISPLAY "next most recent".

HC22000/(HOSP_NIGHTS). How many nights did {C_FNAME/the child} stay in the hospital during this hospital stay?

NUMBER OF NIGHTS

INTERVIEWER INSTRUCTIONS

- CONFIRM RESPONSE

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

SOURCE

National Health Interview Survey (NHIS) 2007 Child Access to Health Care & Utilization (modified)

HC23000/(DIAGNOSIS). Did a doctor or other health care provider give the child a diagnosis?

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

SOURCE

National Children's Study, Legacy Phase (3M Phone, 6M Mother, 12M Mother)

PROGRAMMER INSTRUCTIONS

- IF **DIAGNOSIS** = 1, GO TO **DIAGNOSES**.
- IF **DIAGNOSIS** = 2, -1, OR -2, AND **USE_IC_LOG** =1, GO TO **HC25000**.
- OTHERWISE (IF **DIAGNOSIS** = 2, -1, OR -2, AND **USE_IC_LOG** = 2, -1, OR -2), COMPLETE LOOP.

HC24000/(DIAGNOSES). What was the diagnosis?

DIAGNOSES: _____

INTERVIEWER INSTRUCTIONS

- ENTER ALL DIAGNOSES IN FIELD SEPARATED BY COMMAS OR AN "AND".

SOURCE

National Children's Study, Legacy Phase (3M Phone, 6M Mother, 12M Mother)

PROGRAMMER INSTRUCTIONS

- IF **USE_IC_LOG** = 1, GO TO **HC25000**.
- OTHERWISE, COMPLETE LOOP.

HC25000. If you haven't yet, please put a check mark in the box next to the visit you just told me about in your Infant and Child Health Care Log.

(TIME_STAMP_HC_ET).

PROGRAMMER INSTRUCTIONS

- | |
|--|
| <ul style="list-style-type: none">• INSERT DATE/TIME STAMP |
|--|