

12M Questionnaire - Adult

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| Event Category: | Time-Based |
| Event: | 12M |
| Administration: | N/A |
| Instrument Target: | Primary Caregiver |
| Instrument Respondent: | Primary Caregiver |
| 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: | 3 minutes |
| Multiple Child/Sibling Consideration: | Per Event |
| 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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12M Questionnaire - Adult

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12M 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 | 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.**

PARENTING

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP
* PRELOAD PARTICIPANT ID (**P\_ID)** AND RESPONDENT ID (**R\_P\_ID)**FOR ADULT CAREGIVER.
* PRELOAD **MULT\_CHILD** AND **C\_FNAME**FROM PARTICIPANT VERIFICATION, SCHEDULING & TRACING QUESTIONNAIRE.
* IF **MULT\_CHILD**= 1, DISPLAY "the children" AS APPROPRIATE THROUGHOUT THE INSTRUMENT.
* IF **MULT\_CHILD**≠ 1, AND
	+ IF **C\_FNAME** IN PARTICIPANT VERIFICATION, SCHEDULING & TRACING QUESTIONNAIRE ≠ -1, -2, OR -4, DISPLAY CHILD'S FIRST NAME IN "**C\_FNAME**" THROUGHOUT THE INSTRUMENT.
	+ OTHERWISE, IF **C\_FNAME** IN PARTICIPANT VERIFICATION, SCHEDULING & TRACING QUESTIONNAIRE = -1 OR -2, DISPLAY "the child" IN APPROPRIATE FIELDS THROUGHOUT THE INSTRUMENT.
 |

**PAR01000.** These next questions are about different things you may do as a parent or caregiver.  How often do you feel the following ways or do the following things?

**PAR02000/(TALK\_CHILD).** How often do you talk a lot about {C\_FNAME/the child/the children} to friends and family?

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| 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 |
| ALL OF THE TIME | 1 |  |
| SOME OF THE TIME | 2 |  |
| RARELY | 3 |  |
| NEVER | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Study, Birth Cohort |

**PAR03000/(CARRY\_PICS).** How often do you carry pictures of {C\_FNAME/the child/the children} with you wherever you go?

|  |
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| 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 |
| ALL OF THE TIME | 1 |  |
| SOME OF THE TIME | 2 |  |
| RARELY | 3 |  |
| NEVER | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Study, Birth Cohort |

**PAR04000/(THINK\_CHILD\_FREQ).** How often do you find yourself thinking about {C\_FNAME/the child/the children}?

|  |
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| 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 |
| ALL OF THE TIME | 1 |  |
| SOME OF THE TIME | 2 |  |
| RARELY | 3 |  |
| NEVER | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Study, Birth Cohort |

**PAR05000/(ENJOY\_HOLD\_CHILD).** How often do you think holding and cuddling {C\_FNAME/the child/the children} is fun?

|  |
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| 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 |
| ALL OF THE TIME | 1 |  |
| SOME OF THE TIME | 2 |  |
| RARELY | 3 |  |
| NEVER | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| --- |
| SOURCE |
| Early Childhood Longitudinal Study, Birth Cohort |

**PAR06000/(NEW\_THINGS\_CHILD).** How often do you think it's more fun to get {C\_FNAME/the child/the children} something new than to get yourself something new?

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| 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 |
| ALL OF THE TIME | 1 |  |
| SOME OF THE TIME | 2 |  |
| RARELY | 3 |  |
| NEVER | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Study, Birth Cohort |

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

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

HEALTH BEHAVIORS

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

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

**HB00100/(HB00100\_INSTRUCTIONS).** ​These next questions are about drinking alcoholic beverages. Included are liquor such as whiskey or gin, beer, wine, wine coolers, and any other type of alcoholic beverage

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| SOURCE |
| NIHS |

**HB01000/(DRINK\_ALCOHOL).** Do you drink any type of alcoholic beverage?

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

|  |
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| SOURCE |
| Early Childhood Longitudinal Study, Birth Cohort:  Pre-School Parent Interview (modified) |

**HB02000/(ALCOHOL\_FREQ).** How often do you currently drink alcoholic beverages?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| 5 or more times a week | 1 |  |
| 2-4 times a week | 2 |  |
| Once a week | 3 |  |
| 1-3 times a month | 4 |  |
| Less than once a month | 5 |  |
| Never | 6 | TIME\_STAMP\_HB\_ET |
| REFUSED | -1 | TIME\_STAMP\_HB\_ET |
| DON'T KNOW | -2 | TIME\_STAMP\_HB\_ET |

|  |
| --- |
| SOURCE |
| National Health Interview Survey (NHIS) 2003:  Adult Section (modified) |

**HB03000/(ALCOHOL\_NUM).** Currently, on days that you drink alcoholic beverages, how many drinks do you have per day?

|\_\_\_\_|  NUMBER OF DRINKS

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF PARTICIPANT REPORTS HAVING 1 OR LESS DRINKS PER DAY, ENTER "1."
* IF NEEDED SAY, "By a drink, we mean a can or bottle of beer, a glass of wine or wine cooler, a shot of liquor, or a mixed drink with liquor in it.  We are not asking about times when you only had a sip or two from a drink."
 |

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| PARTICIPANT INSTRUCTIONS |
| * FOR WEB BASED INSTRUMENT: If you drink 1 or less drinks per day, enter 1.
 |

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

|  |
| --- |
| SOURCE |
| Pregnancy Risk Assessment Monitoring System |

**HB04000/(BINGE\_DRINK\_FREQ).** How often do you have 5 or more drinks within a couple of hours?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Never | 1 |  |
| About once a month | 2 |  |
| About once a week | 3 |  |
| About once a day | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Health Interview Survey (NHIS) 2003: Adult Section (modified) |

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

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