THE NATIONAL
CHILDREN'S
STUDY
HEALTH GROWTH ENVIRONMENT

12M Questionnaire - Adult

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

GENERAL PROGRAMMER INSTRUCTIONS:

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

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

Instrument Guidelines for Participant and Respondent IDs:

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

POSTNATALLY, A RESPONDENT ID WILL BE USED IN ADDITION TO THE PARTICIPANT ID BECAUSE SOMEBODY OTHER THAN THE PARTICIPANT MAY BE COMPLETING THE INTERVIEW. FOR EXAMPLE, THE PARTICIPANT MAY BE THE CHILD AND THE RESPONDENT MAY BE THE MOTHER, FATHER, OR ANOTHER CAREGIVER.

THEREFORE, MDES VERSION 2.2 AND ALL FUTURE VERSIONS CONTAIN A **R_P_ID** (RESPONDENT PARTICIPANT ID) HEADER FIELD FOR EACH POST-BIRTH INSTRUMENT. THIS WILL ALLOW ROCs TO INDICATE WHETHER THE RESPONDENT IS SOMEBODY OTHER THAN THE PARTICIPANT ABOUT WHOM THE QUESTIONS ARE BEING ASKED.

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

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 o IF **C_FNAME** IN PARTICIPANT VERIFICATION, SCHEDULING & TRACING QUESTIONNAIRE ≠ -1, -2, OR -4, DISPLAY CHILD'S FIRST NAME IN "**C_FNAME**" THROUGHOUT THE INSTRUMENT. o 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?

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?

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

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}?

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?

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	

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?

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	

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

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

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

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

INTERVIEWER INSTRUCTIONS
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."

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