



24M Questionnaire – Adult

| | |
|--|--|
| Event Category: | Time-Based |
| Event: | 24M |
| 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: | 4 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.

Public reporting burden for this collection of information is estimated to average 4 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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TABLE OF CONTENTS

| | |
|---------------------------------------|---|
| GENERAL PROGRAMMER INSTRUCTIONS:..... | 1 |
| ADULT CAREGIVER BEHAVIORS..... | 3 |
| REACTIONS TO RACE..... | 5 |
| IMMIGRATION STATUS..... | 8 |

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24M 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 | <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.**

ADULT CAREGIVER BEHAVIORS

(TIME_STAMP_PB_ST).

PROGRAMMER INSTRUCTIONS

- INSERT DATE/TIME STAMP
- PRELOAD PARTICIPANT ID (P_ID) AND RESPONDENT ID (R_P_ID) FOR ADULT CAREGIVER.

PB01000/(DRINK). Do you drink any type of alcoholic beverage?

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

SOURCE

Early Childhood Longitudinal Program, Birth Cohort Pre-School Parent Interview (modified)

PB02000/(DRINK_NOW). 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_PB_ET |
| REFUSED | -1 | TIME_STAMP_PB_ET |
| DON'T KNOW | -2 | TIME_STAMP_PB_ET |

SOURCE

National Health Interview Survey 2003 Adult Section (modified)

PB03000/(DRINK_NOW_NUM). Currently, on days that you drink alcoholic beverages, how many drinks do you have per day? If you drink 1 or less, please report 1.

NUMBER OF DRINKS

INTERVIEWER INSTRUCTIONS

- IF RESPONDENT DRINKS LESS THAN 1 DRINK, ENTER "001".
- 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."

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

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

PB04000/(DRINK_NOW_5). 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 2003 Adult Section (modified) |

(TIME_STAMP_PB_ET).

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

REACTIONS TO RACE

(TIME_STAMP_RTR_ST).

PROGRAMMER INSTRUCTIONS

- INSERT DATE/TIME STAMP

RTR01000. The next questions are about how other people identify your race and treat you.

RTR02000/(OTHERS_CLASSIFY). How do other people usually classify you in this country?

| Label | Code | Go To |
|---|------|------------|
| White | 1 | THINK_RACE |
| Black or African American | 2 | THINK_RACE |
| Hispanic or Latino | 3 | THINK_RACE |
| Asian | 4 | THINK_RACE |
| Native Hawaiian or Other Pacific Islander | 5 | THINK_RACE |
| American Indian or Alaska Native | 6 | THINK_RACE |
| SOME OTHER GROUP | -5 | |
| REFUSED | -1 | THINK_RACE |
| DON'T KNOW | -2 | THINK_RACE |

SOURCE

Behavioral Risk Factor Surveillance System 2011

RTR03000/(OTHERS_CLASSIFY_OTH). SPECIFY: _____

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

SOURCE

Behavioral Risk Factor Surveillance System 2011

RTR04000/(THINK_RACE). How often do you think about your race?

| Label | Code | Go To |
|--------------|------|-------|
| Never | 1 | |
| Once a year | 2 | |
| Once a month | 3 | |
| Once a week | 4 | |
| Once a day | 5 | |
| Once an hour | 6 | |
| Constantly | 7 | |
| REFUSED | -1 | |
| DON'T KNOW | -2 | |

SOURCE

Behavioral Risk Factor Surveillance System 2011 (modified)

RTR05000/(TREATED_RACE). Within the past 12 months, do you feel you were treated worse than, the same as, or better than people of other races?

| Label | Code | Go To |
|-------------------------|------|-------|
| WORSE THAN OTHER RACES | 1 | |
| THE SAME AS OTHER RACES | 2 | |
| BETTER THAN OTHER RACES | 3 | |
| REFUSED | -1 | |
| DON'T KNOW | -2 | |

SOURCE

Behavioral Risk Factor Surveillance System 2011 (modified)

RTR06000/(HEALTH_RACE). Within the past 12 months, when seeking health care, do you feel your experiences were worse than, the same as, or better than for people of other races?

| Label | Code | Go To |
|--|------|-------|
| WORSE THAN OTHER RACES | 1 | |
| THE SAME AS OTHER RACES | 2 | |
| BETTER THAN OTHER RACES | 3 | |
| DID NOT SEEK HEALTH CARE IN THE PAST 12 MONTHS | -7 | |
| REFUSED | -1 | |
| DON'T KNOW | -2 | |

SOURCE

Behavioral Risk Factor Surveillance System 2011 (modified)

RTR07000/(PHYSICAL_RACE). Within the past 30 days, have you experienced any physical symptoms, for example, a headache, an upset stomach, tensing of your muscles, or a pounding heart, as a result of how you were treated based on your race?

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

SOURCE

Behavioral Risk Factor Surveillance System 2011 (modified)

RTR08000(EMOTIONAL_RACE). Within the past 30 days, have you felt emotionally upset, for example angry, sad, or frustrated, as a result of how you were treated based on your race?

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

SOURCE

Behavioral Risk Factor Surveillance System 2011 (modified)

(TIME_STAMP_RTR_ET).

PROGRAMMER INSTRUCTIONS

- INSERT DATE/TIME STAMP

IMMIGRATION STATUS

(TIME_STAMP_IS_ST).

PROGRAMMER INSTRUCTIONS

- INSERT DATE/TIME STAMP

IS01000. Next, we would like to ask you some questions about your country of birth and time in the U.S.

Please remember that all information you provide remains confidential. This information is important to collect since child health outcomes may be influenced by the birthplace of the child, the parents, or other family members. We are interested in learning what factors influence health among children of immigrants and children of parents born in the U.S. You do not need to answer any question that makes you uncomfortable.

IS02000. Where were you born? What city and state?

INTERVIEWER INSTRUCTIONS

- PROBE, "Was this in the United States?"
- ASK RESPONDENT WHAT COUNTRY IF YOU CANNOT CONFIRM THE COUNTRY AS THE UNITED STATES.
- VERIFY THE SPELLING OF THE CITY, STATE, AND COUNTRY.

SOURCE

Sastry, Narayan, Bonnie Ghosh-Dastidar, John Adams, and Anne R. Pebley. 2006. "The Design of a Multilevel Survey of Children, Families, and Communities: The Los Angeles Family and Neighborhood Survey." *Social Science Research* 35(4): 1000-1024

(BORN_CITY)

CITY

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

(BORN_STATE)

STATE/PROVINCE/TERRITORY

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

(BORN_COUNTRY)

COUNTRY

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

IS03000/(BORN_US). WHERE WAS PARTICIPANT BORN?

| INTERVIEWER INSTRUCTIONS |
|---|
| <ul style="list-style-type: none"> THIS IS AN INTERVIEWER-COMPLETED QUESTION. US TERRITORIES INCLUDE PUERTO RICO, GUAM, AND AMERICAN SAMOA. |

| Label | Code | Go To |
|---|------|------------------|
| BORN IN USA | 1 | TIME_STAMP_IS_ET |
| BORN IN PUERTO RICO OR OTHER US TERRITORY | 2 | TIME_STAMP_IS_ET |
| NOT BORN IN USA OR US TERRITORY | 3 | |
| REFUSED | -1 | TIME_STAMP_IS_ET |
| DON'T KNOW | -2 | TIME_STAMP_IS_ET |

IS04000/(US_YEAR). In what year did you first come to the United States to live or work? Please do not include short trips for shopping, vacation or family visits.

YEAR

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

| SOURCE |
|---|
| Sastry, Narayan, Bonnie Ghosh-Dastidar, John Adams, and Anne R. Pebley. 2006. "The Design of a Multilevel Survey of Children, Families, and Communities: The Los Angeles Family and Neighborhood Survey." <i>Social Science Research</i> 35(4): 1000-1024 |

IS05000/(US_CITIZEN). Are you a citizen of the United States?

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

| SOURCE |
|---|
| Sastry, Narayan, Bonnie Ghosh-Dastidar, John Adams, and Anne R. Pebley. 2006. "The Design of a Multilevel Survey of Children, Families, and Communities: The Los Angeles Family and Neighborhood Survey." <i>Social Science Research</i> 35(4): 1000- |

SOURCE

1024

IS06000/(CITIZEN_HOW). How did you become a citizen of the United States?

| Label | Code | Go To |
|---|------|------------------|
| Born abroad to American citizen parents | 1 | TIME_STAMP_IS_ET |
| Naturalization | 2 | TIME_STAMP_IS_ET |
| Through naturalization of one or both parents | 3 | TIME_STAMP_IS_ET |
| Through own or spouse's military service | 4 | TIME_STAMP_IS_ET |
| Adopted by U.S. citizen parents | 5 | TIME_STAMP_IS_ET |
| REFUSED | -1 | TIME_STAMP_IS_ET |
| DON'T KNOW | -2 | TIME_STAMP_IS_ET |

SOURCE

Sastry, Narayan, Bonnie Ghosh-Dastidar, John Adams, and Anne R. Pebley. 2006. "The Design of a Multilevel Survey of Children, Families, and Communities: The Los Angeles Family and Neighborhood Survey." *Social Science Research* 35(4): 1000-1024

IS07000/(GREEN_CARD). Do you currently have a permanent residence card or a green card?

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

SOURCE

Sastry, Narayan, Bonnie Ghosh-Dastidar, John Adams, and Anne R. Pebley. 2006. "The Design of a Multilevel Survey of Children, Families, and Communities: The Los Angeles Family and Neighborhood Survey." *Social Science Research* 35(4): 1000-1024

IS08000/(IMMIGRANT_STATUS). Have you been granted asylum, refugee status, or temporary protected immigrant status (TPS)?

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

SOURCE

Sastry, Narayan, Bonnie Ghosh-Dastidar, John Adams, and Anne R. Pebley.

SOURCE

2006. "The Design of a Multilevel Survey of Children, Families, and Communities: The Los Angeles Family and Neighborhood Survey." *Social Science Research* 35(4): 1000-1024

IS09000/(HAVE_VISA). Do you have a tourist visa, a student visa, a work visa or permit, or another document which permits you to stay in the U.S. for a limited time?

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

SOURCE

Sastry, Narayan, Bonnie Ghosh-Dastidar, John Adams, and Anne R. Pebley. 2006. "The Design of a Multilevel Survey of Children, Families, and Communities: The Los Angeles Family and Neighborhood Survey." *Social Science Research* 35(4): 1000-1024

IS10000/(VISA_VALID). Is the visa or document still valid or has it expired?

| Label | Code | Go To |
|-------------|------|-------|
| STILL VALID | 1 | |
| HAS EXPIRED | 2 | |
| REFUSED | -1 | |
| DON'T KNOW | -2 | |

SOURCE

Sastry, Narayan, Bonnie Ghosh-Dastidar, John Adams, and Anne R. Pebley. 2006. "The Design of a Multilevel Survey of Children, Families, and Communities: The Los Angeles Family and Neighborhood Survey." *Social Science Research* 35(4): 1000-1024

(TIME_STAMP_IS_ET).

PROGRAMMER INSTRUCTIONS

- INSERT DATE/TIME STAMP