

Father Post-Natal Questionnaire - Adult

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| --- | --- |
| Event Category: | Trigger-Based |
| Event: | Post-natal Father |
| Administration: | 9M, 18M |
| Instrument Target: | Father/Father Figure |
| Instrument Respondent: | Father/Father Figure |
| 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: | 11 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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Father Post-Natal Questionnaire - Adult

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Father Post-Natal 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.**

INTERVIEW INTRODUCTION

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

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

**II01000.** Thank you for agreeing to participate in this study. We are about to begin the interview portion of today’s visit, which will take about 11 minutes to complete. Your answers are important to us. There are questions about where you work, your health, and your feelings during this interview. You can always refuse to answer any question or group of questions.

**II02000/(F\_INT\_READY).** Are you ready to begin?

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

|  |
| --- |
| SOURCE |
| NCS Phase 2, Father Interview (EH, PB, HI) V1.0     |

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * DETERMINE IF BETTER TIME TO CONTACT FATHER FOR INTERVIEW.
 |

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

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

DEMOGRAPHICS

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

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

**DP01000.** I’ll begin by asking some questions about you.

**DP02000/(F\_RELATE).** Are you {C\_FNAME/the child/the children}'s…

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Biological father | 1 | BIO\_CHILD\_NUM |
| Adoptive father | 2 | BIO\_CHILD\_NUM |
| Social father | 3 | BIO\_CHILD\_NUM |
| Step father | 4 | BIO\_CHILD\_NUM |
| Do you have some other relationship to child | -5 |  |
| REFUSED | -1 | BIO\_CHILD\_NUM |
| DON’T KNOW | -2 | BIO\_CHILD\_NUM |

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Study, Birth Cohort (ECLS-B)Current: National Children’s Study Vanguard Phase 2.0 (Father Interview) |

**DP03000/(F\_RELATE\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Study, Birth Cohort (ECLS-B)Current: National Children’s Study Vanguard Phase 2.0 (Father Interview) |

**DP04000/(BIO\_CHILD\_NUM).** How many biological children do you have?

|\_\_\_|\_\_\_|

NUMBER OF BIOLOGICAL CHILDREN

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * ANSWER SHOULD INCLUDE TARGET NCS CHILD(REN) IF HE/SHE/THEY IS/ARE HIS BIOLOGICAL CHILD(REN).
 |

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

|  |
| --- |
| SOURCE |
| National Survey of Family Growth (NSFG) 2006-08, Male Questionnaire Question BC-5 (modified)  ​ |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| DISPLAY SOFT EDIT IF **BIO\_CHILD\_NUM** > 10. |

**DP05000/(ADOPT\_CHILD\_NUM).** How many children have you legally adopted?

|\_\_\_|\_\_\_|

NUMBER OF LEGALLY ADOPTED CHILDREN

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * ANSWER SHOULD INCLUDE TARGET NCS CHILD(REN) IF THE CHILD(REN) WAS/WERE LEGALLY ADOPTED BY RESPONDENT.
 |

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

|  |
| --- |
| SOURCE |
| National Survey of Family Growth (NSFG) 2006-08, Male Questionnaire Question FB-8 (modified)  |

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| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY SOFT EDIT IF **ADOPT\_CHILD\_NUM** > 10.
* IF (VARIABLE IN PVST THAT DETERMINES WHETHER RESPONDENT IS PCG) = (CODE FOR PCG), GO TO **TIME\_STAMP\_DP\_ET**.
* OTHERWISE, IF (VARIABLE IN PVST THAT DETERMINES WHETHER RESPONDENT IS PCG) ≠ (CODE FOR PCG), GO TO **F\_MARISTAT**.
 |

**DP06000/(F\_MARISTAT).** I’d like to ask about your marital status. Are you:

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * PROBE FOR CURRENT MARITAL STATUS.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Married | 1 |  |
| Not married, but living together with a partner | 2 |  |
| Never been married | 3 |  |
| Divorced | 4 |  |
| Separated | 5 |  |
| Widowed | 6 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

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| SOURCE |
| National Survey of Family Growth Cycle 6 Female Questionnaire Item AB-1 (modified) Current:  National Children’s Study Vanguard Phase 2.0 (Father Interview) |

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| PROGRAMMER INSTRUCTIONS |
| * IF PRE-NATAL FATHER QUESTIONNAIRE - ADULT (**INSTRUMENT\_ID**=XX) SET TO COMPLETE FOR CURRENT FATHER/FATHER FIGURE **P\_ID,** GO TO **ENGLISH\_WELL.**
* OTHERWISE, GO TO **TIME\_STAMP\_DP\_ET.**
 |

**DP07000/(ETHNIC\_ORIGIN).** Are you of Hispanic, Latino or Spanish origin?

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

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| --- |
| SOURCE |
| U.S. Department of Health and Human Services Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status required by Section 4302 of the Affordable Care Act (modified) |

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| PROGRAMMER INSTRUCTIONS |
| * IF **ETHNIC\_ORIGIN** = 1, GO TO **ETHNIC\_ORIGIN\_2.**
* IF **MODE** = CAPI, AND **ETHNIC\_ORIGIN** ≠ 1, GO TO **RACE\_NEW**.
* IF **MODE** = CATI, AND **ETHNIC\_ORIGIN** ≠ 1, GO TO **RACE\_1**.
 |

**DP08000/(ETHNIC\_ORIGIN\_2).** Are you one or more of the following?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * SELECT ALL THAT APPLY.
* PROBE: Anything else?
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Mexican, Mexican American, Chicano | 1 |  |
| Puerto Rican | 2 |  |
| Cuban | 3 |  |
| Another Hispanic, Latino, or Spanish origin | 4 |  |
| OTHER | -5 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

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| SOURCE |
| U.S. Department of Health and Human Services Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status required by Section 4302 of the Affordable Care Act (modified) |

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| PROGRAMMER INSTRUCTIONS |
| * IF **ETHNIC\_ORIGIN\_2** = -5 OR ANY COMBINATION OF 1 THROUGH 4 AND -5, GO TO **ETHNIC\_ORIGIN\_2\_OTH**.
* IF **ETHNIC\_ORIGIN\_2** = ANY COMBINATION OF 1 - 4, GO TO PROGRAMMER INSTRUCTION FOLLOWING **ETHNIC\_ORIGIN\_2\_OTH**.
* IF **ETHNIC\_ORIGIN\_2** = -1 OR -2, DO NOT ALLOW ANY OTHER RESPONSES AND GO TO PROGRAMMER INSTRUCTION FOLLOWING **ETHNIC\_ORIGIN\_2\_OTH**.
 |

**DP09000/(ETHNIC\_ORIGIN\_2\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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| SOURCE |
| U.S. Department of Health and Human Services Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status required by Section 4302 of the Affordable Care Act (modified) |

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| PROGRAMMER INSTRUCTIONS |
| * IF **MODE** = CAPI, GO TO **RACE\_NEW**.
* OTHERWISE, IF **MODE** = CATI, GO TO **RACE\_1.**
 |

**DP10000/(RACE\_NEW).** What is your 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 |  |

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| --- |
| SOURCE |
| U.S. Department of Health and Human Services Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status required by Section 4302 of the Affordable Care Act (modified) |

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| PROGRAMMER INSTRUCTIONS |
| * IF **RACE\_NEW** = ANY COMBINATION OF 1 THROUGH 14, GO TO **ENGLISH\_WELL**.
* IF **RACE\_NEW** = -5 OR ANY COMBINATION OF 1 - 14 AND -5, GO TO **RACE\_NEW\_OTH**.
* IF **RACE\_NEW** =  -1 OR -2, DO NOT ALLOW ANY OTHER RESPONSES AND GO TO **ENGLISH\_WELL**.
 |

**DP11000/(RACE\_NEW\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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| SOURCE |
| U.S. Department of Health and Human Services Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status required by Section 4302 of the Affordable Care Act (modified) |

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| PROGRAMMER INSTRUCTIONS |
| * GO TO **ENGLISH\_WELL.**
 |

**DP12000/(RACE\_1).** What is your race? (One or more categories may be selected).

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * PROBE FOR ANY OTHER RESPONSES
* ONLY USE  “SOME OTHER RACE” IF VOLUNTEERED.
* SELECT ALL THAT APPLY.
 |

|  |  |  |
| --- | --- | --- |
| 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 |  |

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| --- |
| SOURCE |
| U.S. Department of Health and Human Services Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status required by Section 4302 of the Affordable Care Act (modified) |

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| PROGRAMMER INSTRUCTIONS |
| * IF **RACE\_1** = ANY COMBINATION OF 1 - 3, GO TO **ENGLISH\_WELL**.
* IF **RACE\_1** = 4 OR ANY COMBINATION OF 4 AND 1, 2, 3, AND/OR 5, GO TO **RACE\_2**.
* IF **RACE\_1** = 5 OR ANY COMBINATION OF 5 AND 1 - 3, GO TO **RACE\_3**.
* IF **RACE\_1** = -5 OR ANY COMBINATION OF 1 - 5 AND -5, GO TO **RACE\_1\_OTH**.
* IF **RACE\_1** =  -1 OR -2, DO NOT ALLOW ANY OTHER RESPONSES AND GO TO **ENGLISH\_WELL**.
 |

**DP13000/(RACE\_1\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| U.S. Department of Health and Human Services Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status required by Section 4302 of the Affordable Care Act (modified) |

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| PROGRAMMER INSTRUCTIONS |
| * IF **RACE\_1** = 4 OR 4 AND ANY COMBINATION OF 1, 2, 3, AND/OR 5, GO TO **RACE\_2**.
* IF **RACE\_1** = 5 OR 5 AND ANY COMBINATION OF 1 THROUGH 3, GO TO **RACE\_3**.
* OTHERWISE, IF **RACE\_1** DOES NOT INCLUDE 4 OR 5, GO TO **ENGLISH\_WELL**.
 |

**DP14000/(RACE\_2).** What is your 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 Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status required by Section 4302 of the Affordable Care Act (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **RACE\_2** = -1 OR -2, DO NOT ALL SELECTION OF OTHER VALUES.
* IF **RACE\_1** INCLUDES 5, GO TO **RACE\_3.**
* OTHERWISE, IF **RACE\_1** DOES NOT INCLUDE 5, GO TO **ENGLISH\_WELL**
 |

**DP15000/(RACE\_3).** What is your 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 |  |

|  |
| --- |
| SOURCE |
| U.S. Department of Health and Human Services Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status required by Section 4302 of the Affordable Care Act (modified) |

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| PROGRAMMER INSTRUCTIONS |
| * IF **RACE\_3** = -1 OR -2, DO NOT ALLOW SELECTION OF OTHER VALUES AND GO TO **ENGLISH\_WELL**.
 |

**DP16000/(ENGLISH\_WELL ).** How well do you speak English? Would you say…

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Very well | 1 |  |
| Well | 2 |  |
| Not well | 3 |  |
| Not at all | 4 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| U.S. Department of Health and Human Services Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status required by Section 4302 of the Affordable Care Act |

**DP17000/(HH\_NONENGLISH\_NEW ).** Do you speak a language other than English at home?

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

|  |
| --- |
| SOURCE |
| U.S. Department of Health and Human Services Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status required by Section 4302 of the Affordable Care Act |

**DP18000/(OTHER\_LANG ).** What is this language?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Spanish | 1 | HH\_PRIMARY\_LANG |
| Other | -5 |  |
| REFUSED | -1 | EDUC |
| DON’T KNOW | -2 | EDUC |

|  |
| --- |
| SOURCE |
| U.S. Department of Health and Human Services Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status required by Section 4302 of the Affordable Care Act |

**DP19000/(OTHER\_LANG\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| U.S. Department of Health and Human Services Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status required by Section 4302 of the Affordable Care Act |

**DP20000/(HH\_PRIMARY\_LANG ).** What is the primary language spoken in your home?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| ENGLISH | 1 | EDUC |
| SPANISH | 2 | EDUC |
| ARABIC | 3 | EDUC |
| CHINESE | 4 | EDUC |
| FRENCH | 5 | EDUC |
| FRENCH CREOLE | 6 | EDUC |
| GERMAN | 7 | EDUC |
| ITALIAN | 8 | EDUC |
| KOREAN | 9 | EDUC |
| POLISH | 10 | EDUC |
| RUSSIAN | 11 | EDUC |
| TAGALOG | 12 | EDUC |
| VIETNAMESE | 13 | EDUC |
| URDU | 14 | EDUC |
| PUNJABI | 15 | EDUC |
| BENGALI | 16 | EDUC |
| FARSI | 17 | EDUC |
| SIGN LANGUAGE | 18 | EDUC |
| CANNOT CHOOSE | 19 | EDUC |
| OTHER | -5 |  |
| REFUSED | -1 | EDUC |
| DON’T KNOW | -2 | EDUC |

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Study, Birth CohortLegacy: National Children’s Study, Legacy Phase (6M) |

**DP21000/(HH\_PRIMARY\_LANG\_OTH ).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Study, Birth CohortLegacy: National Children’s Study, Legacy Phase (6M) |

**DP22000/(EDUC).** What is the highest degree or level of school that you have completed?

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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 |
| LESS THAN A HIGH SCHOOL DIPLOMA OR GED | 1 |  |
| HIGH SCHOOL DIPLOMA OR GED | 2 |  |
| SOME COLLEGE BUT NO DEGREE | 3 |  |
| ASSOCIATE DEGREE | 4 |  |
| BACHELOR'S DEGREE (E.G., BA, BS) | 5 |  |
| POST GRADUATE DEGREE (E.G., MASTERS OR DOCTORAL) | 6 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| 2000 Census (modified)Current: National Children’s Study Vanguard Phase 2.0 (Preg Screen, Pre-Preg, PV1, Father, Core) |

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

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

HEALTH INSURANCE

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

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

**HCA01000.** Now I’m going to switch the subject and ask about health insurance.

**HCA02000/(INSURE).** Are you currently covered by any kind of health insurance or some other kind of health care plan?

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

|  |
| --- |
| SOURCE |
| American Community Survey 2006 (modifed)Legacy: National Children’s Study, Legacy Phase (T1 Mother)Current: National Children’s Study, Vanguard Phase (Pre-Preg, LI Non & Preg, PV2) |

**HCA02100.** Do you currently have…

|  |
| --- |
| SOURCE |
| American Community Survey 2008Current: National Children’s Study Vanguard Phase 2.0 (Father) |

**HCA03000/(INS\_EMPLOY).** Insurance through an employer or union either through yourself or another family member?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (Do you currently have…) AS NEEDED.
 |

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

|  |
| --- |
| SOURCE |
| American Community Survey 2008 (Modified)Current: National Children’s Study Vanguard Phase 2.0 (Father) |

**HCA04000/(INS\_MEDICAID).** Medicaid or any government-assistance plan for those with low incomes or a disability?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (Do you currently have…) AS NEEDED.
 |

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

|  |
| --- |
| SOURCE |
| American Community Survey 2008 (Modified – deleted “Medical Assistance, or”)Current: National Children’s Study Vanguard Phase 2.0 (Father)Tested in pilot study telephone interviews to develop NCS Father Follow-Up Telephone Interview. |

**HCA05000/(INS\_TRICARE).** TRICARE, VA, or other military health care?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (Do you currently have…) AS NEEDED.
 |

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

|  |
| --- |
| SOURCE |
| American Community Survey 2008 (modified)Current: National Children’s Study Vanguard Phase 2.0 (Father) |

**HCA06000/(INS\_IHS).** Indian Health Service?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (Do you currently have…) AS NEEDED.
 |

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

|  |
| --- |
| SOURCE |
| American Community Survey 2008Current: National Children’s Study Vanguard Phase 2.0 (Father) |

**HCA07000/(INS\_MEDICARE).** Medicare for people with certain disabilities?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (Do you currently have…) AS NEEDED.
 |

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

|  |
| --- |
| SOURCE |
| American Community Survey 2008 (Modified) Current: National Children’s Study Vanguard Phase 2.0 (Father) |

**HCA08000/(INS\_OTH).** Any other type of health insurance or health coverage plan?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (Do you currently have…) AS NEEDED.
 |

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

|  |
| --- |
| SOURCE |
| American Community Survey 2008Current: National Children’s Study Vanguard Phase 2.0 (Father) |

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

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

EMPLOYMENT

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP
* IF (VARIABLE IN PVST THAT DETERMINES WHETHER RESPONDENT IS PCG) = (CODE FOR PCG) AND
	+ IF **WORKING**= 2, -1 OR -2, GO TO **TIME\_STAMP\_OE\_ET**.
	+ IF **WORKING**= 1, GO TO **JOB\_SATISFIED.**
* **​​**OTHERWISE, IF (VARIABLE IN PVST THAT DETERMINES WHETHER RESPONDENT IS PCG) ≠ (CODE FOR PCG), GO TO **OE01000.**
 |

**OE01000.** Now I’d like to ask some questions about work.

**OE02000/(WORK\_CURRENTLY).** Are you currently employed?

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

|  |
| --- |
| SOURCE |
| Pregnancy Infection & Nutrition Study (PINS) |

**OE03000/(WORK\_HRS).** How many hours per week do you work?

|\_\_\_|\_\_\_|\_\_\_|

HOURS

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

|  |
| --- |
| SOURCE |
| National Children’s Study Vanguard Phase 2.0 (Father) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY HARD EDIT IF **WORK\_HRS** < 0 OR > 112.
* DISPLAY SOFT EDIT IF **WORK\_HRS** IS > 80 BUT ≤ 112.
 |

**OE04000/(JOB\_SATISFIED).** All in all, how satisfied are you with your job? Would you say...

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Very satisfied | 1 |  |
| Somewhat satisfied | 2 |  |
| Somewhat dissatisfied | 3 |  |
| Very dissatisfied | 4 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Mor Barak, M.E., Cherin, D. A., and Berkman, S. (1998). Organizational and personal dimensions in diversity climate: Ethnic and gender differences in employee perceptions.  Journal of Applied Behavioral Science, 34 (1), 82-104. Current: National Children’s Study Vanguard Phase 2.0 (Father) |

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

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

SOCIAL RESOURCES

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

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

**SR01000.** I’d like to ask you about your contact with other people.

**SR02000/(NUM\_PEOPLE\_COMM).** On a normal day, how many people do you communicate with (including nodding, saying hi, talking, calling, writing, through the Internet, acquaintances or not, all added together)?

|\_\_\_|\_\_\_|\_\_\_|

NUMBER OF PEOPLE

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

|  |
| --- |
| SOURCE |
| Lin, Ye, and Ensel (1999) "Social Support and Depressed Mood: A Structural Analysis" Journal for Health and Social Behavior, 40: 344-59.Current: National Children’s Study Vanguard Phase 2.0 (Father) |

**SR03000/(FREQ\_COMM).** How often do you see, write to or talk on the telephone with family or relatives who do not live with you? Would you say nearly every day, at least once a week, a few times a month, at least once a month, a few times a year, hardly ever or never?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NEARLY EVERYDAY (4 OR MORE TIMES A WEEK) | 1 |  |
| AT LEAST ONCE A WEEK (1 TO 3 TIMES) | 2 |  |
| A FEW TIMES A MONTH (2 TO 3 TIMES) | 3 |  |
| AT LEAST ONCE A MONTH | 4 |  |
| A FEW TIMES A YEAR | 5 |  |
| HARDLY EVER | 6 |  |
| NEVER | 7 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| The National Survey of American Life, Institute for Social Research, University of MichiganCurrent: National Children’s Study Vanguard Phase 2.0 (Father) |

**SR04000.** Now, I’m going to ask about your feelings and thoughts.

**SR05000/(SOCIAL\_SUPPORT).** How often do you get the social and emotional support you need? Would you say...

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF ASKED, READ “Please include support from any source.”
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Always | 1 |  |
| Usually | 2 |  |
| Sometimes | 3 |  |
| Rarely | 4 |  |
| NEVER | 5 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Behavior Risk Factor Surveillance System 2011 (Modified – Added “Would you say always, usually, sometimes, rarely, or never”)Current: National Children’s Study Vanguard Phase 2.0 (Father) |

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

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

SELF RATED HEALTH

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

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

**SRH01000.** Now, I have questions about your health and about medical conditions or health problems you have or have had.

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF (VARIABLE IN PVST THAT DETERMINES WHETHER RESPONDENT IS PCG) = (CODE FOR PCG), GO TO **F\_ASTHMA**.
* OTHERWISE, IF (VARIABLE IN PVST THAT DETERMINES WHETHER RESPONDENT IS PCG) ≠ (CODE FOR PCG), GO TO **F\_DR\_VISITS\_12M**.
 |

**SRH02000/(F\_HEALTH).** How would you rate your overall physical health at the present time? Would you say it is...

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| EXCELLENT | 1 |  |
| VERY GOOD | 2 |  |
| GOOD | 3 |  |
| FAIR | 4 |  |
| POOR | 5 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Behavior Risk Factor Surveillance System 2011 (Modified)Current: National Children’s Study Vanguard Phase 2.0 (Father) |

**SRH03000/(F\_DR\_VISITS\_12M).** During the past 12 months, how many times have you seen a doctor or other health care professional about your own health at a doctor’s office, a clinic, or some other place?  Do not include times you were hospitalized overnight, visits to hospital emergency rooms, home visits, or dental visits, or telephone calls.

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NONE | 0 |  |
| 1 | 1 |  |
| 2-3 | 2 |  |
| 4-5 | 3 |  |
| 6-7 | 4 |  |
| 8-9 | 5 |  |
| 10-12 | 6 |  |
| 13-15 | 7 |  |
| 16 OR MORE | 8 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Health Interview Survey 2000  Adult Core Questionnaire Question Q.AAU.280 |

**SRH04000.** Have you {ever} been told by a doctor or other health care provider that you had…

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination Study 2005-06 (Modified) Current: National Children’s Study Vanguard Phase 2.0 (Father) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF PRE-NATAL FATHER INTERVIEW - ADULT (**INSTRUMENT\_ID**​=XX) SET TO COMPLETE FOR CURRENT **P\_ID**, DISPLAY "ever."
 |

**SRH05000/(F\_ASTHMA).** Asthma {since {DATE OF PRE-NATAL FATHER INTERVIEW}}?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (Have you {ever} been told by a doctor or other health care provider that you had…) AS NEEDED.
 |

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

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination Study 2005-06 (Modified)Current: National Children’s Study Vanguard Phase 2.0 (Father) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF PRE-NATAL FATHER INTERVIEW - ADULT (**INSTRUMENT\_ID**= XX) SET TO COMPLETE FOR CURRENT**P\_ID**, PRELOAD DATE OF PRE-NATAL FATHER INTERVIEW - ADULT, DISPLAY "ever" AND "since {DATE OF PRE-NATAL FATHER INTERVIEW}}."
 |

**SRH06000/(F\_ECZEMA).** Eczema or atopic dermatitis {since {DATE OF PRE-NATAL FATHER INTERVIEW}}?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (Have you {ever} been told by a doctor or other health care provider that you had…) AS NEEDED.
 |

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

|  |
| --- |
| SOURCE |
| Project Viva SAQ, Infant Feeding Practices SAQ (Modified) Current: National Children’s Study Vanguard Phase 2.0 (Father) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF PRE-NATAL FATHER INTERVIEW - ADULT (**INSTRUMENT\_ID**= XX) SET TO COMPLETE FOR CURRENT **P\_ID**, PRELOAD DATE OF PRE-NATAL FATHER INTERVIEW - ADULT, DISPLAY "ever" AND "since {DATE OF PRE-NATAL FATHER INTERVIEW}}."
 |

**SRH07000/(F\_ALLERGIES).** Seasonal allergies {since {DATE OF PRE-NATAL FATHER INTERVIEW}}?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (Have you {ever} been told by a doctor or other health care provider that you had…) AS NEEDED.
 |

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

|  |
| --- |
| SOURCE |
| National Children’s Study Vanguard Phase 1.0 (T1 Father) (modified)Current: National Children’s Study Vanguard Phase 2.0 (Father) |

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| PROGRAMMER INSTRUCTIONS |
| * IF PRE-NATAL FATHER INTERVIEW - ADULT (**INSTRUMENT\_ID**) SET TO COMPLETE FOR CURRENT **P\_ID**, PRELOAD DATE OF PRE-NATAL FATHER INTERVIEW - ADULT, DISPLAY "ever" AND "since {DATE OF PRE-NATAL FATHER INTERVIEW}}."
 |

**SRH08000/(F\_HIGHBP).** Hypertension or high blood pressure {since {DATE OF PRE-NATAL FATHER INTERVIEW}}?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (Have you {ever} been told by a doctor or other health care provider that you had…) AS NEEDED.
 |

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

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination Study 2005-06 (modified)Current: National Children’s Study Vanguard Phase 2.0 (Father) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF PRE-NATAL FATHER INTERVIEW - ADULT (**INSTRUMENT\_ID** = XX) SET TO COMPLETE FOR CURRENT**P\_ID**, PRELOAD DATE OF PRE-NATAL FATHER INTERVIEW - ADULT, DISPLAY "ever" AND "since {DATE OF PRE-NATAL FATHER INTERVIEW}}."
 |

**SRH09000/(F\_DIABETES).** Diabetes {since {DATE OF PRE-NATAL FATHER INTERVIEW}}?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (Have you {ever} been told by a doctor or other health care provider that you had…) AS NEEDED.
 |

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

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination Study 2009-10 (modified) Current: National Children’s Study Vanguard Phase 2.0 (Father) |

|  |
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| PROGRAMMER INSTRUCTIONS |
| * IF PRE-NATAL FATHER INTERVIEW - ADULT (**INSTRUMENT\_ID** = XX) SET TO COMPLETE FOR CURRENT **P\_ID**, PRELOAD DATE OF PRE-NATAL FATHER INTERVIEW - ADULT, DISPLAY "ever" AND "since {DATE OF PRE-NATAL FATHER INTERVIEW}}."
 |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF PRE-NATAL FATHER INTERVIEW - ADULT (**INSTRUMENT\_ID** = XX) SET TO COMPLETE FOR CURRENT **P\_ID**, PRELOAD DATE OF PRE-NATAL FATHER INTERVIEW - ADULT, DISPLAY "ever" AND "since {DATE OF PRE-NATAL FATHER INTERVIEW}}."
 |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF PRE-NATAL FATHER INTERVIEW - ADULT (**INSTRUMENT\_ID** = XX) SET TO COMPLETE FOR CURRENT **P\_ID**, PRELOAD DATE OF PRE-NATAL FATHER INTERVIEW - ADULT, DISPLAY "ever" AND "since {DATE OF PRE-NATAL FATHER INTERVIEW}}."
 |

**SRH10000/(F\_HIGHCHOLEST).** High cholesterol {since {DATE OF PRE-NATAL FATHER INTERVIEW}}?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (Have you {ever} been told by a doctor or other health care provider that you had…) AS NEEDED.
 |

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

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination Study 2009-10 (modified)Current: National Children’s Study Vanguard Phase 2.0 (Father) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF PRE-NATAL FATHER INTERVIEW - ADULT (I**NSTRUMENT\_ID** = XX) SET TO COMPLETE FOR CURRENT **P\_ID**, PRELOAD DATE OF PRE-NATAL FATHER INTERVIEW - ADULT, DISPLAY "ever" AND "since {DATE OF PRE-NATAL FATHER INTERVIEW}}."
 |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF PRE-NATAL FATHER INTERVIEW - ADULT (I**NSTRUMENT\_ID** = XX) SET TO COMPLETE FOR CURRENT **P\_ID**, PRELOAD DATE OF PRE-NATAL FATHER INTERVIEW - ADULT, DISPLAY "ever" AND "since {DATE OF PRE-NATAL FATHER INTERVIEW}}."
 |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF PRE-NATAL FATHER INTERVIEW - ADULT (I**NSTRUMENT\_ID** = XX) SET TO COMPLETE FOR CURRENT **P\_ID**, PRELOAD DATE OF PRE-NATAL FATHER INTERVIEW - ADULT, DISPLAY "ever" AND "since {DATE OF PRE-NATAL FATHER INTERVIEW}}."
 |

**SRH11000/(F\_CANCER).** Any type of cancer {since {DATE OF PRE-NATAL FATHER INTERVIEW}}?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (Have you {ever} been told by a doctor or other health care provider that you had…) AS NEEDED.
 |

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

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination Study 2009-10 (Modified) Current: National Children’s Study Vanguard Phase 2.0 (Father) |

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| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF PRE-NATAL FATHER INTERVIEW - ADULT (**INSTRUMENT\_ID** = XX) SET TO COMPLETE FOR CURRENT **P\_ID**, PRELOAD DATE OF PRE-NATAL FATHER INTERVIEW - ADULT, DISPLAY "ever" AND "since {DATE OF PRE-NATAL FATHER INTERVIEW}}."
 |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF PRE-NATAL FATHER INTERVIEW - ADULT (**INSTRUMENT\_ID** = XX) SET TO COMPLETE FOR CURRENT **P\_ID**, PRELOAD DATE OF PRE-NATAL FATHER INTERVIEW - ADULT, DISPLAY "ever" AND "since {DATE OF PRE-NATAL FATHER INTERVIEW}}."
 |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF PRE-NATAL FATHER INTERVIEW - ADULT (**INSTRUMENT\_ID** = XX) SET TO COMPLETE FOR CURRENT **P\_ID**, PRELOAD DATE OF PRE-NATAL FATHER INTERVIEW - ADULT, DISPLAY "ever" AND "since {DATE OF PRE-NATAL FATHER INTERVIEW}}."
 |

**SRH12000/(F\_CANCER\_TYPE).** What type or types of cancer were you diagnosed with?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * SELECT ALL THAT APPLY.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| BRAIN | 1 |  |
| BREAST | 2 |  |
| COLON | 3 |  |
| HODGKIN’S LYMPHOMA | 4 |  |
| LEUKEMIA | 5 |  |
| LIVER | 6 |  |
| LUNG | 7 |  |
| NON-HODGKIN’S LYMPHOMA | 8 |  |
| PROSTATE (MALE ONLY) | 9 |  |
| SKIN | 10 |  |
| TESTICULAR (MALE ONLY) | 11 |  |
| THYROID | 12 |  |
| UTERINE (FEMALE ONLY) | 13 |  |
| OTHER | -5 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination Study 2009-10 (Modified) Current: National Children’s Study Vanguard Phase 2.0 (Father) |

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| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **F\_CANCER\_TYPE** = ANY COMBINATION OF VALUES 1 – 13, THEN GO TO **F\_SICKLECELL**.
* IF **F\_CANCER\_TYPE** = -5, OR ANY COMBINATION OF VALUES 1 – 13 AND -5, GO TO **F\_CANCER\_TYPE\_OTH**.
* IF **F\_CANCER\_TYPE** = -1 OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES AND GO TO **F\_SICKLECELL**.
 |

**SRH13000/(F\_CANCER\_TYPE\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination Study 2009-10 Current: National Children’s Study Vanguard Phase 2.0 (Father) |

**SRH14000/(F\_SICKLECELL).** Sickle cell anemia or sickle cell trait {since {DATE OF PRE-NATAL FATHER INTERVIEW}}?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (Have you {ever} been told by a doctor or other health care provider that you had…) AS NEEDED.
 |

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

|  |
| --- |
| SOURCE |
| Pregnancy Risk Assessment Monitoring System (modified)Current: National Children’s Study Vanguard Phase 2.0 (Father) |

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| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF PRE-NATAL FATHER INTERVIEW - ADULT (**INSTRUMENT\_ID** = XX) SET TO COMPLETE FOR CURRENT **P\_ID**, PRELOAD DATE OF PRE-NATAL FATHER INTERVIEW - ADULT, DISPLAY "ever" AND "since {DATE OF PRE-NATAL FATHER INTERVIEW}}."
 |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF PRE-NATAL FATHER INTERVIEW - ADULT (**INSTRUMENT\_ID** = XX) SET TO COMPLETE FOR CURRENT **P\_ID**, PRELOAD DATE OF PRE-NATAL FATHER INTERVIEW - ADULT, DISPLAY "ever" AND "since {DATE OF PRE-NATAL FATHER INTERVIEW}}."
 |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF PRE-NATAL FATHER INTERVIEW - ADULT (**INSTRUMENT\_ID** = XX) SET TO COMPLETE FOR CURRENT **P\_ID**, PRELOAD DATE OF PRE-NATAL FATHER INTERVIEW - ADULT, DISPLAY "ever" AND "since {DATE OF PRE-NATAL FATHER INTERVIEW}}."
 |

**SRH15000/(F\_AUTOIMMUNE).** An autoimmune disorder such as rheumatoid arthritis, lupus, or scleroderma {since {DATE OF PRE-NATAL FATHER INTERVIEW}}?

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| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (Have you {ever} been told by a doctor or other health care provider that you had…) AS NEEDED.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 | F\_BIRTH\_DEFECT |
| REFUSED | -1 | F\_BIRTH\_DEFECT |
| DON'T KNOW | -2 | F\_BIRTH\_DEFECT |

|  |
| --- |
| SOURCE |
| National Children’s Study Vanguard Phase 2.0 (Father) (modified) |

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| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF PRE-NATAL FATHER INTERVIEW - ADULT (**INSTRUMENT\_ID** = XX) SET TO COMPLETE FOR CURRENT **P\_ID**, PRELOAD DATE OF PRE-NATAL FATHER INTERVIEW - ADULT, DISPLAY "ever" AND "since {DATE OF PRE-NATAL FATHER INTERVIEW}}."
 |

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| PROGRAMMER INSTRUCTIONS |
| * IF PRE-NATAL FATHER INTERVIEW - ADULT (**INSTRUMENT\_ID** = XX) SET TO COMPLETE FOR CURRENT **P\_ID**, PRELOAD DATE OF PRE-NATAL FATHER INTERVIEW - ADULT, DISPLAY "ever" AND "since {DATE OF PRE-NATAL FATHER INTERVIEW}}."
 |

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| PROGRAMMER INSTRUCTIONS |
| * IF PRE-NATAL FATHER INTERVIEW - ADULT (**INSTRUMENT\_ID** = XX) SET TO COMPLETE FOR CURRENT **P\_ID**, PRELOAD DATE OF PRE-NATAL FATHER INTERVIEW - ADULT, DISPLAY "ever" AND "since {DATE OF PRE-NATAL FATHER INTERVIEW}}."
 |

**SRH16000/(F\_AUTOIMMUNE\_TYPE).** What type of autoimmune disorder were you diagnosed with?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| RHEUMATOID ARTHRITIS | 1 | F\_BIRTH\_DEFECT |
| LUPUS | 2 | F\_BIRTH\_DEFECT |
| SCLERODERMA | 3 | F\_BIRTH\_DEFECT |
| MULTIPLE SCLEROSIS | 4 | F\_BIRTH\_DEFECT |
| GRAVES’ DISEASE | 5 | F\_BIRTH\_DEFECT |
| OTHER | -5 |  |
| REFUSED | -1 | F\_BIRTH\_DEFECT |
| DON’T KNOW | -2 | F\_BIRTH\_DEFECT |

|  |
| --- |
| SOURCE |
| National Children’s Study Vanguard Phase 2.0 (Father) |

**SRH17000/(F\_AUTOIMMUNE\_TYPE\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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| SOURCE |
| National Children’s Study Vanguard Phase 2.0 (Father) |

**SRH18000/(F\_BIRTH\_DEFECT).** A birth defect {since {DATE OF PRE-NATAL FATHER INTERVIEW}}?

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| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (Have you {ever} been told by a doctor or other health care provider that you had…) AS NEEDED.
 |

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

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| SOURCE |
| National Children’s Study Vanguard Phase 2.0 (Father) (modified) |

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| PROGRAMMER INSTRUCTIONS |
| * IF PRE-NATAL FATHER INTERVIEW - ADULT (**INSTRUMENT\_ID** = XX) SET TO COMPLETE FOR CURRENT **P\_ID**, PRELOAD DATE OF PRE-NATAL FATHER INTERVIEW - ADULT, DISPLAY "ever" AND "since {DATE OF PRE-NATAL FATHER INTERVIEW}}."
 |

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| PROGRAMMER INSTRUCTIONS |
| * IF PRE-NATAL FATHER INTERVIEW - ADULT (**INSTRUMENT\_ID** = XX) SET TO COMPLETE FOR CURRENT **P\_ID**, PRELOAD DATE OF PRE-NATAL FATHER INTERVIEW - ADULT, DISPLAY "ever" AND "since {DATE OF PRE-NATAL FATHER INTERVIEW}}."
 |

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| PROGRAMMER INSTRUCTIONS |
| * IF PRE-NATAL FATHER INTERVIEW - ADULT (**INSTRUMENT\_ID** = XX) SET TO COMPLETE FOR CURRENT **P\_ID**, PRELOAD DATE OF PRE-NATAL FATHER INTERVIEW - ADULT, DISPLAY "ever" AND "since {DATE OF PRE-NATAL FATHER INTERVIEW}}."
 |

**SRH19000/(F\_ DEFECT\_TYPE).** What birth defect were you diagnosed with?

SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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| SOURCE |
| National Children’s Study Vanguard Phase 2.0 (Father) |

**SRH20000/(F\_BLIND).** Blindness or any severe vision impairment {since {DATE OF PRE-NATAL FATHER INTERVIEW}}?

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| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (Have you {ever} been told by a doctor or other health care provider that you had…) AS NEEDED.
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| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| --- |
| SOURCE |
| National Children’s Study Vanguard Phase 2.0 (PV1, Father) (modified) |

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| PROGRAMMER INSTRUCTIONS |
| * IF PRE-NATAL FATHER INTERVIEW - ADULT (**INSTRUMENT\_ID**= XX) SET TO COMPLETE FOR CURRENT **P\_ID**, PRELOAD DATE OF PRE-NATAL FATHER INTERVIEW - ADULT, DISPLAY "ever" AND "since {DATE OF PRE-NATAL FATHER INTERVIEW}}."
 |

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| PROGRAMMER INSTRUCTIONS |
| * IF PRE-NATAL FATHER INTERVIEW - ADULT (**INSTRUMENT\_ID**= XX) SET TO COMPLETE FOR CURRENT **P\_ID**, PRELOAD DATE OF PRE-NATAL FATHER INTERVIEW - ADULT, DISPLAY "ever" AND "since {DATE OF PRE-NATAL FATHER INTERVIEW}}."
 |

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| PROGRAMMER INSTRUCTIONS |
| * IF PRE-NATAL FATHER INTERVIEW - ADULT (**INSTRUMENT\_ID**= XX) SET TO COMPLETE FOR CURRENT **P\_ID**, PRELOAD DATE OF PRE-NATAL FATHER INTERVIEW - ADULT, DISPLAY "ever" AND "since {DATE OF PRE-NATAL FATHER INTERVIEW}}."
 |

**SRH21000/(F\_DEAF).** Deafness or any severe hearing impairment {since {DATE OF PRE-NATAL FATHER INTERVIEW}}?

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| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (Have you {ever} been told by a doctor or other health care provider that you had…) AS NEEDED.
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| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| National Children’s Study Vanguard Phase 2.0 (PV1, Father) (modified) |

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| PROGRAMMER INSTRUCTIONS |
| * IF PRE-NATAL FATHER INTERVIEW - ADULT (**INSTRUMENT\_ID** = XX) SET TO COMPLETE FOR CURRENT **P\_ID**, PRELOAD DATE OF PRE-NATAL FATHER INTERVIEW - ADULT, DISPLAY "ever" AND "since {DATE OF PRE-NATAL FATHER INTERVIEW}}."
 |

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| PROGRAMMER INSTRUCTIONS |
| * IF PRE-NATAL FATHER INTERVIEW - ADULT (**INSTRUMENT\_ID** = XX) SET TO COMPLETE FOR CURRENT **P\_ID**, PRELOAD DATE OF PRE-NATAL FATHER INTERVIEW - ADULT, DISPLAY "ever" AND "since {DATE OF PRE-NATAL FATHER INTERVIEW}}."
 |

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| PROGRAMMER INSTRUCTIONS |
| * IF PRE-NATAL FATHER INTERVIEW - ADULT (**INSTRUMENT\_ID** = XX) SET TO COMPLETE FOR CURRENT **P\_ID**, PRELOAD DATE OF PRE-NATAL FATHER INTERVIEW - ADULT, DISPLAY "ever" AND "since {DATE OF PRE-NATAL FATHER INTERVIEW}}."
 |

**SRH22000/(F\_ADD).** Attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD) {since {DATE OF PRE-NATAL FATHER INTERVIEW}}?

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| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (Have you {ever} been told by a doctor or other health care provider that you had…) AS NEEDED.
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| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort Kindergarten 07 Parent Interview (modified) Current: National Children’s Study Vanguard Phase 2.0 (Father) |

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| PROGRAMMER INSTRUCTIONS |
| * IF PRE-NATAL FATHER INTERVIEW - ADULT (**INSTRUMENT\_ID** = XX) SET TO COMPLETE FOR CURRENT **P\_ID**, PRELOAD DATE OF PRE-NATAL FATHER INTERVIEW - ADULT, DISPLAY "ever" AND "since {DATE OF PRE-NATAL FATHER INTERVIEW}}."
 |

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| PROGRAMMER INSTRUCTIONS |
| * IF PRE-NATAL FATHER INTERVIEW - ADULT (**INSTRUMENT\_ID** = XX) SET TO COMPLETE FOR CURRENT **P\_ID**, PRELOAD DATE OF PRE-NATAL FATHER INTERVIEW - ADULT, DISPLAY "ever" AND "since {DATE OF PRE-NATAL FATHER INTERVIEW}}."
 |

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| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF PRE-NATAL FATHER INTERVIEW - ADULT (**INSTRUMENT\_ID** = XX) SET TO COMPLETE FOR CURRENT **P\_ID**, PRELOAD DATE OF PRE-NATAL FATHER INTERVIEW - ADULT, DISPLAY "ever" AND "since {DATE OF PRE-NATAL FATHER INTERVIEW}}."
 |

**SRH23000/(F\_AUTISM).** Autism,  Asperger syndrome, or any other autism spectrum disorder {since {DATE OF PRE-NATAL FATHER INTERVIEW}}?

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| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (Have you {ever} been told by a doctor or other health care provider that you had…) AS NEEDED.
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| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort Preschool Parent Interview (modified) Current: National Children’s Study Vanguard Phase 2.0 (Father) |

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| PROGRAMMER INSTRUCTIONS |
| * IF PRE-NATAL FATHER INTERVIEW - ADULT (**INSTRUMENT\_ID** = XX) SET TO COMPLETE FOR CURRENT**P\_ID**, PRELOAD DATE OF PRE-NATAL FATHER INTERVIEW - ADULT, DISPLAY "ever" AND "since {DATE OF PRE-NATAL FATHER INTERVIEW}}."
 |

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| PROGRAMMER INSTRUCTIONS |
| * IF PRE-NATAL FATHER INTERVIEW - ADULT (**INSTRUMENT\_ID** = XX) SET TO COMPLETE FOR CURRENT**P\_ID**, PRELOAD DATE OF PRE-NATAL FATHER INTERVIEW - ADULT, DISPLAY "ever" AND "since {DATE OF PRE-NATAL FATHER INTERVIEW}}."
 |

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| PROGRAMMER INSTRUCTIONS |
| * IF PRE-NATAL FATHER INTERVIEW - ADULT (**INSTRUMENT\_ID** = XX) SET TO COMPLETE FOR CURRENT**P\_ID**, PRELOAD DATE OF PRE-NATAL FATHER INTERVIEW - ADULT, DISPLAY "ever" AND "since {DATE OF PRE-NATAL FATHER INTERVIEW}}."
 |

**SRH24000/(F\_BIPOLAR).** Bipolar disorder {since {DATE OF PRE-NATAL FATHER INTERVIEW}}?

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| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (Have you {ever} been told by a doctor or other health care provider that you had…) AS NEEDED.
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| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| National Children’s Study Vanguard Phase 1.0 (T1 Mother) (modified)Current: National Children’s Study Vanguard Phase 2.0 (Father) |

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| PROGRAMMER INSTRUCTIONS |
| * IF PRE-NATAL FATHER INTERVIEW - ADULT (**INSTRUMENT\_ID** = XX) SET TO COMPLETE FOR CURRENT **P\_ID**, PRELOAD DATE OF PRE-NATAL FATHER INTERVIEW - ADULT, DISPLAY "ever" AND "since {DATE OF PRE-NATAL FATHER INTERVIEW}}."
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| PROGRAMMER INSTRUCTIONS |
| * IF PRE-NATAL FATHER INTERVIEW - ADULT (**INSTRUMENT\_ID** = XX) SET TO COMPLETE FOR CURRENT **P\_ID**, PRELOAD DATE OF PRE-NATAL FATHER INTERVIEW - ADULT, DISPLAY "ever" AND "since {DATE OF PRE-NATAL FATHER INTERVIEW}}."
 |

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| PROGRAMMER INSTRUCTIONS |
| * IF PRE-NATAL FATHER INTERVIEW - ADULT (**INSTRUMENT\_ID** = XX) SET TO COMPLETE FOR CURRENT **P\_ID**, PRELOAD DATE OF PRE-NATAL FATHER INTERVIEW - ADULT, DISPLAY "ever" AND "since {DATE OF PRE-NATAL FATHER INTERVIEW}}."
 |

**SRH25000/(F\_DEPRESSION).** Depression, other than bipolar disorder {since {DATE OF PRE-NATAL FATHER INTERVIEW}}?

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| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (Have you {ever} been told by a doctor or other health care provider that you had…) AS NEEDED.
 |

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

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| SOURCE |
| State and Local Area Integrated Telephone Survey (Modified) Current: National Children’s Study Vanguard Phase 2.0 (Father) |

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| PROGRAMMER INSTRUCTIONS |
| * IF PRE-NATAL FATHER INTERVIEW - ADULT (**INSTRUMENT\_ID**= XX) SET TO COMPLETE FOR CURRENT **P\_ID**, PRELOAD DATE OF PRE-NATAL FATHER INTERVIEW - ADULT, DISPLAY "ever" AND "since {DATE OF PRE-NATAL FATHER INTERVIEW}}."
 |

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| PROGRAMMER INSTRUCTIONS |
| * IF PRE-NATAL FATHER INTERVIEW - ADULT (**INSTRUMENT\_ID**= XX) SET TO COMPLETE FOR CURRENT **P\_ID**, PRELOAD DATE OF PRE-NATAL FATHER INTERVIEW - ADULT, DISPLAY "ever" AND "since {DATE OF PRE-NATAL FATHER INTERVIEW}}."
 |

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| PROGRAMMER INSTRUCTIONS |
| * IF PRE-NATAL FATHER INTERVIEW - ADULT (**INSTRUMENT\_ID**= XX) SET TO COMPLETE FOR CURRENT **P\_ID**, PRELOAD DATE OF PRE-NATAL FATHER INTERVIEW - ADULT, DISPLAY "ever" AND "since {DATE OF PRE-NATAL FATHER INTERVIEW}}."
 |

**SRH26000/(F\_ANXIETY).** An anxiety disorder, such as generalized anxiety disorder or obsessive compulsive disorder (OCD) {since {DATE OF PRE-NATAL FATHER INTERVIEW}}?

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| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (Have you {ever} been told by a doctor or other health care provider that you had…) AS NEEDED.
 |

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

|  |
| --- |
| SOURCE |
| National Children’s Study Vanguard Phase 1.0 (T1 Mother) (modified)Current: National Children’s Study Vanguard Phase 2.0 (Father) |

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| PROGRAMMER INSTRUCTIONS |
| * IF PRE-NATAL FATHER INTERVIEW - ADULT (**INSTRUMENT\_ID**= XX) SET TO COMPLETE FOR CURRENT **P\_ID**, PRELOAD DATE OF PRE-NATAL FATHER INTERVIEW - ADULT, DISPLAY "ever" AND "since {DATE OF PRE-NATAL FATHER INTERVIEW}}."
 |

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| PROGRAMMER INSTRUCTIONS |
| * IF PRE-NATAL FATHER INTERVIEW - ADULT (**INSTRUMENT\_ID**= XX) SET TO COMPLETE FOR CURRENT **P\_ID**, PRELOAD DATE OF PRE-NATAL FATHER INTERVIEW - ADULT, DISPLAY "ever" AND "since {DATE OF PRE-NATAL FATHER INTERVIEW}}."
 |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF PRE-NATAL FATHER INTERVIEW - ADULT (**INSTRUMENT\_ID**= XX) SET TO COMPLETE FOR CURRENT **P\_ID**, PRELOAD DATE OF PRE-NATAL FATHER INTERVIEW - ADULT, DISPLAY "ever" AND "since {DATE OF PRE-NATAL FATHER INTERVIEW}}."
 |

**SRH27000/(F\_OTH\_CONDITION).** Any other chronic or long-lasting conditions {since {DATE OF PRE-NATAL FATHER INTERVIEW}}?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (Have you {ever} been told by a doctor or other health care provider that you had…) AS NEEDED.
 |

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

|  |
| --- |
| SOURCE |
| National Children’s Study Vanguard Phase 2.0 (Father) (modified) |

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| PROGRAMMER INSTRUCTIONS |
| * IF PRE-NATAL FATHER INTERVIEW - ADULT (**INSTRUMENT\_ID**= XX) SET TO COMPLETE FOR CURRENT **P\_ID,** PRELOAD DATE OF PRE-NATAL FATHER INTERVIEW - ADULT, DISPLAY "ever" AND "since {DATE OF PRE-NATAL FATHER INTERVIEW}}."
 |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF PRE-NATAL FATHER INTERVIEW - ADULT (**INSTRUMENT\_ID**= XX) SET TO COMPLETE FOR CURRENT **P\_ID,** PRELOAD DATE OF PRE-NATAL FATHER INTERVIEW - ADULT, DISPLAY "ever" AND "since {DATE OF PRE-NATAL FATHER INTERVIEW}}."
 |

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| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF PRE-NATAL FATHER INTERVIEW - ADULT (**INSTRUMENT\_ID**= XX) SET TO COMPLETE FOR CURRENT **P\_ID,** PRELOAD DATE OF PRE-NATAL FATHER INTERVIEW - ADULT, DISPLAY "ever" AND "since {DATE OF PRE-NATAL FATHER INTERVIEW}}."
 |

**SRH28000/(F\_OTH\_CONDITION\_OTH).** What other chronic condition or conditions were you diagnosed with?

(SPECIFY):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| National Children’s Study Vanguard Phase 2.0 (Father) |

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

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

MENTAL HEALTH

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

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

**MH01000.** Now, I will read a list of the ways you might have felt or behaved. Please tell me how often you have felt or behaved this way during the past week.

**MH02000/(BOTHERED).** I was bothered by things that usually don’t bother me.

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ STATEMENT (Please tell me how often you have felt this way during the past week.) AS NEEDED.
* IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| RARELY OR NONE OF THE TIME (LESS THAN ONE DAY) | 1 |  |
| SOME OR A LITTLE OF THE TIME (1-2 DAYS) | 2 |  |
| OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS) | 3 |  |
| MOST OR ALL OF THE TIME (5-7 DAYS) | 4 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Center for Epidemiologic Studies Depression Scale (CES-D) (Modified)Current: National Children’s Study Vanguard Phase 2.0 (Father) |

**MH03000/(APPETITE\_POOR).** I did not feel like eating; my appetite was poor.

|  |
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| INTERVIEWER INSTRUCTIONS |
| * RE-READ STATEMENT (Please tell me how often you have felt this way during the past week.) AS NEEDED.
* IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| RARELY OR NONE OF THE TIME (LESS THAN ONE DAY) | 1 |  |
| SOME OR A LITTLE OF THE TIME (1-2 DAYS) | 2 |  |
| OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS) | 3 |  |
| MOST OR ALL OF THE TIME (5-7 DAYS) | 4 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Center for Epidemiologic Studies Depression Scale (CES-D)Current: National Children’s Study Vanguard Phase 2.0 (Father) |

**MH04000/(BLUES).** I felt that I could not shake off the blues even with help from my family or friends.

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ STATEMENT (Please tell me how often you have felt this way during the past week.) AS NEEDED.
* IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| RARELY OR NONE OF THE TIME (LESS THAN ONE DAY) | 1 |  |
| SOME OR A LITTLE OF THE TIME (1-2 DAYS) | 2 |  |
| OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS) | 3 |  |
| MOST OR ALL OF THE TIME (5-7 DAYS) | 4 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Center for Epidemiologic Studies Depression Scale (CES-D)Current: National Children’s Study Vanguard Phase 2.0 (Father) |

**MH05000/(GOOD\_AS\_OTHERS).** I felt that I was just as good as other people.

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| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ STATEMENT (Please tell me how often you have felt this way during the past week.) AS NEEDED.
* IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* ​IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| RARELY OR NONE OF THE TIME (LESS THAN ONE DAY) | 1 |  |
| SOME OR A LITTLE OF THE TIME (1-2 DAYS) | 2 |  |
| OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS) | 3 |  |
| MOST OR ALL OF THE TIME (5-7 DAYS) | 4 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Center for Epidemiologic Studies Depression Scale (CES-D)Current: National Children’s Study Vanguard Phase 2.0 (Father) |

**MH06000/(TRB\_KEEP\_MIND).** I had trouble keeping my mind on what I was doing.

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ STATEMENT (Please tell me how often you have felt this way during the past week.) AS NEEDED.
* IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| RARELY OR NONE OF THE TIME (LESS THAN ONE DAY) | 1 |  |
| SOME OR A LITTLE OF THE TIME (1-2 DAYS) | 2 |  |
| OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS) | 3 |  |
| MOST OR ALL OF THE TIME (5-7 DAYS) | 4 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Center for Epidemiologic Studies Depression Scale (CES-D)Current: National Children’s Study Vanguard Phase 2.0 (Father) |

**MH07000/(DEPRESSED).** I felt depressed.

|  |
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| INTERVIEWER INSTRUCTIONS |
| * RE-READ STATEMENT (Please tell me how often you have felt this way during the past week.) AS NEEDED.
* IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| RARELY OR NONE OF THE TIME (LESS THAN ONE DAY) | 1 |  |
| SOME OR A LITTLE OF THE TIME (1-2 DAYS) | 2 |  |
| OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS) | 3 |  |
| MOST OR ALL OF THE TIME (5-7 DAYS) | 4 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

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| --- |
| SOURCE |
| Center for Epidemiologic Studies Depression Scale (CES-D)Current: National Children’s Study Vanguard Phase 2.0 (Father) |

**MH08000/(EVTHG\_EFFORT).** I felt that everything I did was an effort.

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| INTERVIEWER INSTRUCTIONS |
| * PROMPT IF NEEDED:  By effort, we mean harder than usual.
* RE-READ STATEMENT (Please tell me how often you have felt this way during the past week.) AS NEEDED.
* IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
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| Label | Code | Go To |
| RARELY OR NONE OF THE TIME (LESS THAN ONE DAY) | 1 |  |
| SOME OR A LITTLE OF THE TIME (1-2 DAYS) | 2 |  |
| OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS) | 3 |  |
| MOST OR ALL OF THE TIME (5-7 DAYS) | 4 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

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| --- |
| SOURCE |
| Center for Epidemiologic Studies Depression Scale (CES-D)Current: National Children’s Study Vanguard Phase 2.0 (Father) |

**MH09000/(HOPEFUL\_FUTURE).** I felt hopeful about the future.

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| INTERVIEWER INSTRUCTIONS |
| * RE-READ STATEMENT (Please tell me how often you have felt this way during the past week.) AS NEEDED.
* IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
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| Label | Code | Go To |
| RARELY OR NONE OF THE TIME (LESS THAN ONE DAY) | 1 |  |
| SOME OR A LITTLE OF THE TIME (1-2 DAYS) | 2 |  |
| OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS) | 3 |  |
| MOST OR ALL OF THE TIME (5-7 DAYS) | 4 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

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| SOURCE |
| Center for Epidemiologic Studies Depression Scale (CES-D)Current: National Children’s Study Vanguard Phase 2.0 (Father) |

**MH10000/(LIFE\_FAILURE).** I thought my life had been a failure.

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| INTERVIEWER INSTRUCTIONS |
| * RE-READ STATEMENT (Please tell me how often you have felt this way during the past week.) AS NEEDED.
* IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
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| Label | Code | Go To |
| RARELY OR NONE OF THE TIME (LESS THAN ONE DAY) | 1 |  |
| SOME OR A LITTLE OF THE TIME (1-2 DAYS) | 2 |  |
| OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS) | 3 |  |
| MOST OR ALL OF THE TIME (5-7 DAYS) | 4 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

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| SOURCE |
| Center for Epidemiologic Studies Depression Scale (CES-D)Current: National Children’s Study Vanguard Phase 2.0 (Father) |

**MH11000/(FELT\_FEARFUL).** I felt fearful.

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| INTERVIEWER INSTRUCTIONS |
| * RE-READ STATEMENT (Please tell me how often you have felt this way during the past week.) AS NEEDED.
* IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
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| Label | Code | Go To |
| RARELY OR NONE OF THE TIME (LESS THAN ONE DAY) | 1 |  |
| SOME OR A LITTLE OF THE TIME (1-2 DAYS) | 2 |  |
| OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS) | 3 |  |
| MOST OR ALL OF THE TIME (5-7 DAYS) | 4 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

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| SOURCE |
| Center for Epidemiologic Studies Depression Scale (CES-D)Current: National Children’s Study Vanguard Phase 2.0 (Father) |

**MH12000/(SLEEP\_RESTLESS).** My sleep was restless.

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| INTERVIEWER INSTRUCTIONS |
| * RE-READ STATEMENT (Please tell me how often you have felt this way during the past week.) AS NEEDED.
* IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
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| Label | Code | Go To |
| RARELY OR NONE OF THE TIME (LESS THAN ONE DAY) | 1 |  |
| SOME OR A LITTLE OF THE TIME (1-2 DAYS) | 2 |  |
| OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS) | 3 |  |
| MOST OR ALL OF THE TIME (5-7 DAYS) | 4 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

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| SOURCE |
| Center for Epidemiologic Studies Depression Scale (CES-D)Current: National Children’s Study Vanguard Phase 2.0 (Father) |

**MH13000/(HAPPY).** I was happy.

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| INTERVIEWER INSTRUCTIONS |
| * RE-READ STATEMENT (Please tell me how often you have felt this way during the past week.) AS NEEDED.
* IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
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| Label | Code | Go To |
| RARELY OR NONE OF THE TIME (LESS THAN ONE DAY) | 1 |  |
| SOME OR A LITTLE OF THE TIME (1-2 DAYS) | 2 |  |
| OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS) | 3 |  |
| MOST OR ALL OF THE TIME (5-7 DAYS) | 4 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

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| SOURCE |
| Center for Epidemiologic Studies Depression Scale (CES-D)Current: National Children’s Study Vanguard Phase 2.0 (Father) |

**MH14000/(TALKED\_LESS).** I talked less than usual.

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| INTERVIEWER INSTRUCTIONS |
| * RE-READ STATEMENT (Please tell me how often you have felt this way during the past week.) AS NEEDED.
* IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
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| Label | Code | Go To |
| RARELY OR NONE OF THE TIME (LESS THAN ONE DAY) | 1 |  |
| SOME OR A LITTLE OF THE TIME (1-2 DAYS) | 2 |  |
| OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS) | 3 |  |
| MOST OR ALL OF THE TIME (5-7 DAYS) | 4 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

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| SOURCE |
| Center for Epidemiologic Studies Depression Scale (CES-D)Current: National Children’s Study Vanguard Phase 2.0 (Father) |

**MH15000/(FELT\_LONELY).** I felt lonely.

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| INTERVIEWER INSTRUCTIONS |
| * RE-READ STATEMENT (Please tell me how often you have felt this way during the past week.) AS NEEDED.
* IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
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| Label | Code | Go To |
| RARELY OR NONE OF THE TIME (LESS THAN ONE DAY) | 1 |  |
| SOME OR A LITTLE OF THE TIME (1-2 DAYS) | 2 |  |
| OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS) | 3 |  |
| MOST OR ALL OF THE TIME (5-7 DAYS) | 4 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

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| SOURCE |
| Center for Epidemiologic Studies Depression Scale (CES-D)Current: National Children’s Study Vanguard Phase 2.0 (Father) |

**MH16000/(PEOPLE\_UNFRIENDLY).** People were unfriendly.

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| INTERVIEWER INSTRUCTIONS |
| * RE-READ STATEMENT (Please tell me how often you have felt this way during the past week.) AS NEEDED.
* IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
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| --- | --- | --- |
| Label | Code | Go To |
| RARELY OR NONE OF THE TIME (LESS THAN ONE DAY) | 1 |  |
| SOME OR A LITTLE OF THE TIME (1-2 DAYS) | 2 |  |
| OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS) | 3 |  |
| MOST OR ALL OF THE TIME (5-7 DAYS) | 4 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

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| SOURCE |
| Center for Epidemiologic Studies Depression Scale (CES-D)Current: National Children’s Study Vanguard Phase 2.0 (Father) |

**MH17000/(ENJOYED\_LIFE).** I enjoyed life.

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| INTERVIEWER INSTRUCTIONS |
| * RE-READ STATEMENT (Please tell me how often you have felt this way during the past week.) AS NEEDED.
* IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
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| --- | --- | --- |
| Label | Code | Go To |
| RARELY OR NONE OF THE TIME (LESS THAN ONE DAY) | 1 |  |
| SOME OR A LITTLE OF THE TIME (1-2 DAYS) | 2 |  |
| OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS) | 3 |  |
| MOST OR ALL OF THE TIME (5-7 DAYS) | 4 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

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| SOURCE |
| Center for Epidemiologic Studies Depression Scale (CES-D)Current: National Children’s Study Vanguard Phase 2.0 (Father) |

**MH18000/(CRYING\_SPELLS).** I had crying spells.

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| INTERVIEWER INSTRUCTIONS |
| * RE-READ STATEMENT (Please tell me how often you have felt this way during the past week.) AS NEEDED.
* IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
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| --- | --- | --- |
| Label | Code | Go To |
| RARELY OR NONE OF THE TIME (LESS THAN ONE DAY) | 1 |  |
| SOME OR A LITTLE OF THE TIME (1-2 DAYS) | 2 |  |
| OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS) | 3 |  |
| MOST OR ALL OF THE TIME (5-7 DAYS) | 4 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

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| SOURCE |
| Center for Epidemiologic Studies Depression Scale (CES-D)Current: National Children’s Study Vanguard Phase 2.0 (Father) |

**MH19000/(FELT\_SAD).** I felt sad.

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| INTERVIEWER INSTRUCTIONS |
| * RE-READ STATEMENT (Please tell me how often you have felt this way during the past week.) AS NEEDED.
* IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
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| Label | Code | Go To |
| RARELY OR NONE OF THE TIME (LESS THAN ONE DAY) | 1 |  |
| SOME OR A LITTLE OF THE TIME (1-2 DAYS) | 2 |  |
| OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS) | 3 |  |
| MOST OR ALL OF THE TIME (5-7 DAYS) | 4 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

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| SOURCE |
| Center for Epidemiologic Studies Depression Scale (CES-D)Current: National Children’s Study Vanguard Phase 2.0 (Father) |

**MH20000/(FEEL\_PEOP\_DISLIKE).** I felt that people dislike me.

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| INTERVIEWER INSTRUCTIONS |
| * RE-READ STATEMENT (Please tell me how often you have felt this way during the past week.) AS NEEDED.
* IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
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| --- | --- | --- |
| Label | Code | Go To |
| RARELY OR NONE OF THE TIME (LESS THAN ONE DAY) | 1 |  |
| SOME OR A LITTLE OF THE TIME (1-2 DAYS) | 2 |  |
| OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS) | 3 |  |
| MOST OR ALL OF THE TIME (5-7 DAYS) | 4 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

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| --- |
| SOURCE |
| Center for Epidemiologic Studies Depression Scale (CES-D)Current: National Children’s Study Vanguard Phase 2.0 (Father) |

**MH21000/(NOT\_GET\_GOING).** I could not get “going.”

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| INTERVIEWER INSTRUCTIONS |
| * RE-READ STATEMENT (Please tell me how often you have felt this way during the past week.) AS NEEDED.
* IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
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| --- | --- | --- |
| Label | Code | Go To |
| RARELY OR NONE OF THE TIME (LESS THAN ONE DAY) | 1 |  |
| SOME OR A LITTLE OF THE TIME (1-2 DAYS) | 2 |  |
| OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS) | 3 |  |
| MOST OR ALL OF THE TIME (5-7 DAYS) | 4 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

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| --- |
| SOURCE |
| Center for Epidemiologic Studies Depression Scale (CES-D)Current: National Children’s Study Vanguard Phase 2.0 (Father) |

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

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

MOTHER-FATHER RELATIONSHIP

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

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

**MR01000.** I’d like to ask you about your relationship with {C\_FNAME/the child/the children}’s mother.

**MR02000/(MOTHER\_TIME\_30DAYS).** During the past month, how often did you and {C\_FNAME/the child/the children}’s mother spend quality time alone with each other talking or sharing an activity?  Would you say...

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| --- | --- | --- |
| Label | Code | Go To |
| Never | 1 |  |
| About once a month | 2 |  |
| Two or three times a month | 3 |  |
| About once a week | 4 |  |
| Two or three times a week | 5 |  |
| Almost every day | 6 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

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| SOURCE |
| Cohabiting Partner Questionnaire (in-person interview) of the National Survey of Families and Households (NSFH) Question 70 (Modified) |

**MR03000/(SAT\_PARENTAL\_RELAT).** Taking all things together, how satisfied are you with your relationship to {C\_FNAME/the child/the children}’s mother?  Are you...

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| --- | --- | --- |
| Label | Code | Go To |
| Completely satisfied | 1 |  |
| Very satisfied | 2 |  |
| Somewhat satisfied | 3 |  |
| Not very satisfied | 4 |  |
| Not at all satisfied | 5 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

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| SOURCE |
| Americans’ Changing Lives (ACL) Survey Q C3  |

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

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

PATERNAL INVOLVEMENT

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

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

**PI08000.** Now I'd like to ask about your parenting experiences with {C\_FNAME/the child/the children}’s mother.  I will be reading several statements.  For each statement, please tell me how true the statement is for you and {C\_FNAME/the child/the children}'s mother. The first statement is…

|  |
| --- |
| SOURCE |
| The co-parenting survey questions are from The Coparenting Relationship Scale.  See:  (1) Feinberg, M. E. (2003). The internal structure and ecological context of coparenting:  A framework for research and intervention. Parenting: Science and Practice, 3, 95-131; and, (2) Feinberg, M. E., Brown, L. D., & Kan, M. L. (2012). A multi-domain self-report measure of coparenting. Parenting, 12, 1-21.  (http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3499623/ ) |

**PI09000/(MOM\_ASK\_PARENT\_ISS).** {C\_FNAME/the child/the children}’s mother asks my opinion on issues related to parenting.

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| INTERVIEWER INSTRUCTIONS |
| * RE-READ STATEMENT: "Please tell me how true the statement is for you and {C\_FNAME/the child/the children}'s mother." AS NEEDED
* IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
 |

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| --- | --- | --- |
| Label | Code | Go To |
| NOT TRUE | 1 |  |
| A LITTLE BIT TRUE | 2 |  |
| SOMEWHAT TRUE | 3 |  |
| VERY TRUE | 4 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| *Coparenting Support Subscale* (6 items) in The Coparenting Relationship Scale (Feinberg 2003; Feinberg et al. 2012) (Modified) |

**PI10000/(SAME\_GOALS).** {C\_FNAME/the child/the children}’s mother and I have the same goals for {C\_FNAME/the child/the children}.

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| INTERVIEWER INSTRUCTIONS |
| * RE-READ STATEMENT: "Please tell me how true the statement is for you and {C\_FNAME/the child/the children}'s mother." AS NEEDED
* IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT TRUE | 1 |  |
| A LITTLE BIT TRUE | 2 |  |
| SOMEWHAT TRUE | 3 |  |
| VERY TRUE | 4 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

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| --- |
| SOURCE |
| *Coparenting Support Subscale* (6 items) in The Coparenting Relationship Scale (Feinberg 2003; Feinberg et al. 2012)  (Modified)  |

**PI11000/(DIFF\_PARENT\_IDEAS).** {C\_FNAME/the child/the children}’s mother and I have different ideas about how to raise {C\_FNAME/the child/the children}.

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| INTERVIEWER INSTRUCTIONS |
| * RE-READ STATEMENT: "Please tell me how true the statement is for you and {C\_FNAME/the child/the children}'s mother." AS NEEDED
* IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
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| --- | --- | --- |
| Label | Code | Go To |
| NOT TRUE | 1 |  |
| A LITTLE BIT TRUE | 2 |  |
| SOMEWHAT TRUE | 3 |  |
| VERY TRUE | 4 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

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| SOURCE |
| *Coparenting Support Subscale* (6 items) in The Coparenting Relationship Scale (Feinberg 2003; Feinberg et al. 2012) (Modified) |

**PI12000/(MOM\_TELL\_GOOD).** {C\_FNAME/the child/the children}’s mother tells me I am doing a good job or lets me know I am being a good parent.

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| INTERVIEWER INSTRUCTIONS |
| * RE-READ STATEMENT: "Please tell me how true the statement is for you and {C\_FNAME/the child/the children}'s mother." AS NEEDED
* IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
 |

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| --- | --- | --- |
| Label | Code | Go To |
| NOT TRUE | 1 |  |
| A LITTLE BIT TRUE | 2 |  |
| SOMEWHAT TRUE | 3 |  |
| VERY TRUE | 4 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

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| --- |
| SOURCE |
| *Coparenting Support Subscale* (6 items) in The Coparenting Relationship Scale (Feinberg 2003; Feinberg et al. 2012) (Modified) |

**PI13000/(DIFF\_ROUT\_IDEAS).** {C\_FNAME/the child/the children}’s mother and I have different ideas regarding {C\_FNAME/the child/the children}’s eating, sleeping, and other routines.

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| INTERVIEWER INSTRUCTIONS |
| * RE-READ STATEMENT: "Please tell me how true the statement is for you and {C\_FNAME/the child/the children}'s mother." AS NEEDED
* IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
 |

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| --- | --- | --- |
| Label | Code | Go To |
| NOT TRUE | 1 |  |
| A LITTLE BIT TRUE | 2 |  |
| SOMEWHAT TRUE | 3 |  |
| VERY TRUE | 4 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

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| --- |
| SOURCE |
| *Coparenting Support Subscale* (6 items) in The Coparenting Relationship Scale (Feinberg 2003; Feinberg et al. 2012) (Modified) |

**PI14000/(DIFF\_STANDARDS).** {C\_FNAME/the child/the children}’s mother and I have different standards for {C\_FNAME/the child/the children}’s behavior.

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| INTERVIEWER INSTRUCTIONS |
| * PROMPT IF NEEDED:  By standards, we mean your expectations for the child’s behavior.
* RE-READ STATEMENT: "Please tell me how true the statement is for you and {C\_FNAME/the child/the children}'s mother." AS NEEDED
* IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
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|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT TRUE | 1 |  |
| A LITTLE BIT TRUE | 2 |  |
| SOMEWHAT TRUE | 3 |  |
| VERY TRUE | 4 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

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| --- |
| SOURCE |
| *Coparenting Support Subscale* (6 items) in The Coparenting Relationship Scale (Feinberg 2003; Feinberg et al. 2012) (Modified)  |

**PI15000/(DISCUSS\_NEEDS).** We often discuss the best way to meet {C\_FNAME/the child/the children}’s needs.

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| INTERVIEWER INSTRUCTIONS |
| * RE-READ STATEMENT: "Please tell me how true the statement is for you and {C\_FNAME/the child/the children}'s mother." AS NEEDED
* IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
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| --- | --- | --- |
| Label | Code | Go To |
| NOT TRUE | 1 |  |
| A LITTLE BIT TRUE | 2 |  |
| SOMEWHAT TRUE | 3 |  |
| VERY TRUE | 4 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| *Coparenting Support Subscale* (6 items) in The Coparenting Relationship Scale (Feinberg 2003; Feinberg et al. 2012) (Modified)  |

**PI16000/(MOM\_APPREC).** {C\_FNAME/the child/the children}’s mother appreciates how hard I work at being a good parent.

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| INTERVIEWER INSTRUCTIONS |
| * RE-READ STATEMENT: "Please tell me how true the statement is for you and {C\_FNAME/the child/the children}'s mother." AS NEEDED
* IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
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|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT TRUE | 1 |  |
| A LITTLE BIT TRUE | 2 |  |
| SOMEWHAT TRUE | 3 |  |
| VERY TRUE | 4 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| *Coparenting Support Subscale* (6 items) in The Coparenting Relationship Scale (Feinberg 2003; Feinberg et al. 2012) (Modified) |

**PI17000/(MOM\_GIVE\_SUPPORT).** When I’m at my wits end as a parent, {C\_FNAME/the child/the children}’s mother gives me the extra support I need.

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| INTERVIEWER INSTRUCTIONS |
| * PROMPT IF NEEDED:  By wits end, we mean being very stressed or frustrated as a parent.
* RE-READ STATEMENT: "Please tell me how true the statement is for you and {C\_FNAME/the child/the children}'s mother." AS NEEDED
* IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT TRUE | 1 |  |
| A LITTLE BIT TRUE | 2 |  |
| SOMEWHAT TRUE | 3 |  |
| VERY TRUE | 4 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| *Coparenting Support Subscale* (6 items) in The Coparenting Relationship Scale (Feinberg 2003; Feinberg et al. 2012) (Modified)  |

**PI18000/(MOM\_FEEL\_BEST).** {C\_FNAME/the child/the children}’s mother makes me feel like I’m the best possible parent for {C\_FNAME/the child/the children}.

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| INTERVIEWER INSTRUCTIONS |
| * RE-READ STATEMENT: "Please tell me how true the statement is for you and {C\_FNAME/the child/the children}'s mother." AS NEEDED
* IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT TRUE | 1 |  |
| A LITTLE BIT TRUE | 2 |  |
| SOMEWHAT TRUE | 3 |  |
| VERY TRUE | 4 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| *Coparenting Support Subscale* (6 items) in The Coparenting Relationship Scale (Feinberg 2003; Feinberg et al. 2012 (Modified)  |

**PI21000.** My last question is about your experience as a parent.

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| SOURCE |
| New introductory text prepared and tested in pilot study telephone interviews to develop NCS Father Follow-Up Telephone Interview. (modified) |

**PI22000/(FATHER\_JOB).** In all, how good a job do you think you do as a parent to {C\_FNAME/the child/the children}?  Would you say...

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| A very good job | 1 |  |
| A good job | 2 |  |
| An okay job | 3 |  |
| Not a very good job | 4 |  |
| A bad job | 5 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

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| SOURCE |
| National Survey of Family Growth (NSFG) 2006-2008, Male Questionnaire, Male G CRQ Questions GA14 & GB 16 (modified) |

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

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| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP
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