



Father Post-Natal Questionnaire - Adult

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.

Public reporting burden for this collection of information is estimated to average 11 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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Father Post-Natal Questionnaire - Adult

TABLE OF CONTENTS

GENERAL PROGRAMMER INSTRUCTIONS:.....	1
INTERVIEW INTRODUCTION.....	3
DEMOGRAPHICS.....	5
HEALTH INSURANCE.....	15
EMPLOYMENT.....	18
SOCIAL RESOURCES.....	20
SELF RATED HEALTH.....	22
MENTAL HEALTH.....	38
MOTHER-FATHER RELATIONSHIP.....	50
PATERNAL INVOLVEMENT.....	51

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

Instrument Guidelines for Participant and Respondent IDs:

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

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

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

A REMINDER:

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

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). - o IF MULT_CHILD = 1, DISPLAY "the children" AS APPROPRIATE THROUGHOUT THE INSTRUMENT. - o IF MULT_CHILD ≠ 1: - o PRELOAD C_FNAME AND CHILD_SEX FROM INSTRUMENT_ID = XX (PARTICIPANT VERIFICATION, SCHEDULING & TRACING QUESTIONNAIRE). - o IF C_FNAME ≠ -1, -2, OR -4, DISPLAY CHILD'S FIRST NAME IN "C_FNAME" THROUGHOUT THE INSTRUMENT. - o 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)

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	

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)

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	

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 **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	

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 **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	

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 **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	

Label	Code	Go To
GUAMANIAN OR CHAMORRO	12	
SAMOAN	13	
OTHER PACIFIC ISLANDER	14	
SOME OTHER RACE	-5	
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_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

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

- 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	

Label	Code	Go To
Native Hawaiian or other Pacific Islander	5	
SOME OTHER RACE	-5	
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_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)

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	

Label	Code	Go To
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 ALLOW 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)

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	

Label	Code	Go To
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

Label	Code	Go To
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 Cohort
Legacy: 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 Cohort
Legacy: National Children's Study, Legacy Phase (6M)

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

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	

Label	Code	Go To
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 (modified)
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 2008
Current: 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 2008
 Current: 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 2008
Current: 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	

Label	Code	Go To
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 Michigan

Current: 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_ASTMMA). 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)

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)

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 (**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}}."

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)

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

PROGRAMMER INSTRUCTIONS

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)

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

PROGRAMMER INSTRUCTIONS

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	

SOURCEPregnancy Risk Assessment Monitoring System (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}}."

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}}?

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)

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}}."

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	

SOURCE

National Children's Study Vanguard Phase 2.0 (Father)

SRH18000/(F_BIRTH_DEFECT). A birth defect {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_BLIND
REFUSED	-1	F_BLIND
DON'T KNOW	-2	F_BLIND

SOURCE

National Children's Study Vanguard Phase 2.0 (Father) (modified)

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}}."

SRH19000/(F_DEFECT_TYPE). What birth defect 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)

SRH20000/(F_BLIND). Blindness or any severe vision impairment {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 2.0 (PV1, Father) (modified)

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}}."

SRH21000/(F_DEAF). Deafness or any severe hearing impairment {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 2.0 (PV1, Father) (modified)

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}}."

SRH22000(F_ADD). Attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD) {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

Early Childhood Longitudinal Program, Birth Cohort Kindergarten 07 Parent Interview (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

PROGRAMMER INSTRUCTIONS

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}}."

SRH23000(F_AUTISM). Autism, Asperger syndrome, or any other autism spectrum disorder {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

Early Childhood Longitudinal Program, Birth Cohort Preschool Parent Interview (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}}."

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

INTERVIEW}}."

SRH24000/(F_BIPOLAR). Bipolar disorder {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 Mother) (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}}."

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}}."

SRH25000/(F_DEPRESSION). Depression, other than bipolar disorder {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	

Label	Code	Go To
DON'T KNOW	-2	

SOURCE

State and Local Area Integrated Telephone Survey (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}}."

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}}."

SRH26000/(F_ANXIETY). An anxiety disorder, such as generalized anxiety disorder or obsessive compulsive disorder (OCD) {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 Mother) (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}}."

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)

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}}."

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.

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	

Label	Code	Go To
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.

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

INTERVIEWER INSTRUCTIONS

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.

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)

MH08000/(EVTHG_EFFORT). I felt that everything I did was an effort.

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.

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)

MH09000/(HOPEFUL_FUTURE). I felt hopeful about the future.

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)

MH10000/(LIFE_FAILURE). I thought my life had been a failure.

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	3	

Label	Code	Go To
TIME (3-4 DAYS)		
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)

MH11000/(FELT_FEARFUL). I felt fearful.

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)

MH12000/(SLEEP_RESTLESS). My sleep was restless.

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	1	

Label	Code	Go To
TIME (LESS THAN ONE DAY)		
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)

MH13000/(HAPPY). I was happy.

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)

MH14000/(TALKED_LESS). I talked less than usual.

INTERVIEWER INSTRUCTIONS

- RE-READ STATEMENT (Please tell me how often you have felt this way during the past week.) AS NEEDED.

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
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)

MH15000/(FELT_LONELY). I felt lonely.

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)

MH16000/(PEOPLE_UNFRIENDLY). People were unfriendly.

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)

MH17000/(ENJOYED_LIFE). I enjoyed life.

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)

MH18000/(CRYING_SPELLS). I had crying spells.

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)

MH19000/(FELT_SAD). I felt sad.

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	3	

Label	Code	Go To
TIME (3-4 DAYS)		
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)

MH20000/(FEEL_PEOP_DISLIKE). I felt that people dislike 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)
Current: National Children's Study Vanguard Phase 2.0 (Father)

MH21000/(NOT_GET_GOING). I could not get "going."

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	1	

Label	Code	Go To
TIME (LESS THAN ONE DAY)		
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)

(TIME_STAMP_MH_ET).

PROGRAMMER INSTRUCTIONS

- INSERT DATE/TIME STAMP

MOTHER-FATHER RELATIONSHIP

(TIME_STAMP_MR_ST).

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...

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	

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...

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	

SOURCE

Americans' Changing Lives (ACL) Survey Q C3

(TIME_STAMP_MR_ET).

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.

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)

PI10000/(SAME_GOALS). {C_FNAME/the child/the children}'s mother and I have the same goals for {C_FNAME/the child/the children}.

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.

INTERVIEWER INSTRUCTIONS

- 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)

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}.

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)

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.

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	

Label	Code	Go To
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)

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.

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)

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.

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.

Label	Code	Go To
NOT TRUE	1	
A LITTLE BIT TRUE	2	
SOMEWHAT TRUE	3	

Label	Code	Go To
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)

PI15000/(DISCUSS_NEEDS). We often discuss the best way to meet {C_FNAME/the child/the children}'s needs.

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)

PI16000/(MOM_APPREC). {C_FNAME/the child/the children}'s mother appreciates how hard I work at being a good parent.

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)

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.

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}.

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.

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	

SOURCE

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

(TIME_STAMP_PI_ET).

PROGRAMMER INSTRUCTIONS

- INSERT DATE/TIME STAMP