Interviewer Observation Questionnaire - Adult

Event Category:	Time-Based
Event:	Pre-Pregnancy, PV1, PV2, Birth, 3M, 6M, 9M, 12M, 18M, 24M, 30M, 36M, 42M, 48M, 54M, 60M
Administration:	Pre-Pregnancy, PV1, PV2, Birth, 3M, 6M, 9M, 12M, 18M, 24M, 30M, 36M, 42M, 48M, 54M, 60M
Instrument Target:	Pre-Pregnant Woman; Biological Mother; Pregnant Woman; Primary Caregiver
Instrument Respondent:	Data Collector
Domain:	Questionnaire
Document Category:	Observation
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:	0 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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Interviewer Observation Questionnaire - Adult

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Interviewer Observation 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	CHARACTER	
ZIP CODE LAST FOUR	4	CHARACTER	
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
NUMBER OF HOURS PER DAY	TWO-DIGIT HOUR	NUMERIC	• HARD EDITS: HOURS MUST BE BETWEEN 1 AND 24
NUMBER OF DAYS PER WEEK	ONE-DIGIT	NUMERIC	• HARD EDITS: DAYS PER WEEK MUST BE BETWEEN 1 AND 7

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.**

INTERVIEWER OBSERVATIONS – ADULT

(TIME_STAMP_IOP_ST).

PROGRAMMER INSTRUCTIONS
• INSERT DATE/TIME STAMP • IF **EVENT_TYPE** = 11 (PRE-PREG), PRELOAD PARTICIPANT ID (**P_ID**) FOR PRE-PREGNANT WOMAN. • IF **EVENT_TYPE** = 13 OR 15, PRELOAD PARTICIPANT ID (**P_ID**) FOR PREGNANT WOMAN. • IF **EVENT_TYPE** = 18 (BIRTH), 24 (6-MONTH), 27 (12-MONTH), 31 (24-MONTH), 37 (36-MONTH), 40 (48-MONTH), OR 42 (60-MONTH), PRELOAD PARTICIPANT ID (**P_ID**) FOR ADULT CAREGIVER. • PRELOAD **C_FNAME** FROM **INSTRUMENT_ID** = XX (PARTICIPANT VERIFICATION, SCHEDULING, AND TRACING). • IF **C_FNAME** ≠ -1 OR -2, DISPLAY CHILD'S NAME THROUGHOUT INSTRUMENT. • IF **C_FNAME** = -1 OR -2, DISPLAY "THE CHILD". • PRELOAD **STAFF_ID**. • IF **INS_MODE** = 1 (CAPI), GO TO **UNDER_INFLUENCE.** • IF **INS_MODE** = 2 (CATI), GO TO **VIOLENCE**

IOP01000/(UNDER_INFLUENCE). DID THE ADULT APPEAR TO BE UNDER THE INFLUENCE OF DRUGS OR ALCOHOL?

Label	Code	Go To
YES	1	
NO	2	
NOT APPLICABLE/DID NOT OBSERVE THE PARTICIPANT	-7	

SOURCE
New

IOP02000/(DEPRESSED). DID THE ADULT SEEM UNHAPPY, SAD, OR DEPRESSED?

Label	Code	Go To
YES	1	
NO	2	
NOT APPLICABLE/DID NOT OBSERVE THE PARTICIPANT	-7	

SOURCE
Iowa Child and Family Household Health Survey (modified)

IOP03000/(TENSE). DID THE ADULT SEEM NERVOUS, HIGH-STRUNG, OR TENSE?

Label	Code	Go To
YES	1	
NO	2	
NOT APPLICABLE/DID NOT OBSERVE THE PARTICIPANT	-7	

IOP04000/(CONCERNED). DID THE ADULT SEEM CONCERNED ABOUT OTHER PEOPLE PRESENT AT THE INTERVIEW?

Label	Code	Go To
YES	1	
NO	2	TRAUMA
NOT APPLICABLE/DID NOT OBSERVE THE PARTICIPANT	-7	TRAUMA

IOP05000/(PEOPLE). WHAT OTHER PEOPLE DID THE ADULT SEEM UNHAPPY ABOUT BEING PRESENT AT THE INTERVIEW?

INTERVIEWER INSTRUCTIONS
- SELECT ALL THAT APPLY.

Label	Code	Go To
OTHER NCS STAFF	1	
SPOUSE/PARTNER	2	
OTHER ADULTS (NON-NCS STAFF)	3	
CHILDREN	4	
OTHER	-5	

PROGRAMMER INSTRUCTIONS
- IF **PEOPLE** = -5, OR ANY COMBINATION OF 1 - 4 AND -5, GO TO **PEOPLE_OTH**.
- OTHERWISE, GO TO **TRAUMA**.

IOP06000/(PEOPLE_OTH). SPECIFY: _____

IOP07000/(TRAUMA). DID THE ADULT HAVE ANY SIGNS OF PHYSICAL INJURY OR TRAUMA?

Label	Code	Go To
YES	1	
NO	2	
NOT APPLICABLE/DID NOT OBSERVE PARTICIPANT	-7	

IOP08000/(VIOLENCE). DID THE ADULT MENTION ANYTHING ABOUT CURRENT OR PAST INTIMATE PARTNER VIOLENCE? VIOLENCE COULD INCLUDE HITTING, SLAPPING, PUSHING, KICKING, OR PHYSICALLY HURTING THE ADULT.

Label	Code	Go To
YES	1	
NO	2	TIME_STAMP_IOP_ET

IOP09000/(VIOLENCE_DETAIL). YOU INDICATED THAT THE ADULT MENTIONED CURRENT OR PAST INTIMATE PARTNER VIOLENCE. TO THE BEST OF YOUR ABILITY, PLEASE WRITE DOWN WHAT THE ADULT TOLD YOU.

SPECIFY: _____

INTERVIEWER INSTRUCTIONS
- NOTE THAT THERE IS A SIZE LIMIT OF 255 CHARACTERS FOR YOUR DESCRIPTION.

(TIME_STAMP_IOP_ET).

PROGRAMMER INSTRUCTIONS
- INSERT DATE/TIME STAMP

INTERVIEWER OBSERVATIONS - INTERVIEW

(TIME_STAMP_IOI_ST).

PROGRAMMER INSTRUCTIONS
• INSERT DATE/TIME STAMP • PRELOAD THE TARGET RESPONDENT FOR THE INSTRUMENT(S) COMPLETED DURING THE VISIT.

IOI01000/(PROXY). WAS THIS INTERVIEW COMPLETED WITH THE INTENDED RESPONDENT OR SOMEONE ELSE?

Label	Code	Go To
INTENDED RESPONDENT	1	
SOMEONE ELSE	2	

SOURCE
New

PROGRAMMER INSTRUCTIONS

• IF **PROXY** = 1 AND
   o **INS_MODE** = 1 (CAPI), GO TO **INT_PART_HOME**.
   o **INS_MODE** = 2 (CATI), GO TO **INT_MODE**.

IOI02000/(PR_REL_CHILD). WHAT IS THE RELATIONSHIP OF THE INTERVIEW RESPONDENT TO {C_FNAME/THE CHILD}?

Label	Code	Go To
BIOLOGICAL MOTHER	2	PR_REL_RESP
BIOLOGICAL FATHER	4	PR_REL_RESP
GRANDPARENT	10	PR_REL_RESP
OTHER RELATIVE	11	PR_REL_RESP
NEIGHBOR	13	PR_REL_RESP
CAREGIVER	15	PR_REL_RESP
TEACHER	16	PR_REL_RESP
PRIMARY CHILD CARE PROVIDER	17	PR_REL_RESP
OTHER CHILD CARE PROVIDER	18	PR_REL_RESP
AUNT	19	PR_REL_RESP
UNCLE	20	PR_REL_RESP
COUSIN	21	PR_REL_RESP
OTHER NON-RELATIVE	22	PR_REL_RESP
ADOPTIVE MOTHER	23	PR_REL_RESP
ADOPTIVE FATHER	24	PR_REL_RESP
SOCIAL MOTHER	25	PR_REL_RESP
SOCIAL FATHER	26	PR_REL_RESP
STEP MOTHER	27	PR_REL_RESP
STEP FATHER	28	PR_REL_RESP

Label	Code	Go To
STEP BROTHER	29	PR_REL_RESP
STEP SISTER	30	PR_REL_RESP
ADOPTIVE BROTHER	31	PR_REL_RESP
ADOPTIVE SISTER	32	PR_REL_RESP
GRANDMOTHER	33	PR_REL_RESP
GRANDFATHER	34	PR_REL_RESP
OTHER	-5	

SOURCE
New

IOI03000/(PR_REL_CHILD_OTH). SPECIFY: _____

SOURCE
New

IOI04000/(PR_REL_RESP). WHAT IS THE RELATIONSHIP OF THE INTERVIEW RESPONDENT TO THE INTENDED RESPONDENT?

Label	Code	Go To
MOTHER	1	
FATHER	2	
SPOUSE	3	
DOMESTIC PARTNER	4	
OTHER ADULT RELATIVE	5	
OTHER ADULT NON-RELATIVE	6	
OTHER	-5	

SOURCE
New

PROGRAMMER INSTRUCTIONS
• IF **PR_REL_RESP** = ANY VALUE 1 THROUGH 6, GO TO PROGRAMMER INSTRUCTIONS AFTER **PR_REL_RESP_OTH.**

IOI05000/(PR_REL_RESP_OTH). SPECIFY: _____

SOURCE
New

PROGRAMMER INSTRUCTIONS
• IF **INS_MODE =** 1 (CAPI), GO TO **INT_PART_HOME.**   • IF **INS_MODE =** 2 (CATI), GO TO **INT_MODE.**

IOI06000/(INT_PART_HOME). DID YOU CONDUCT THIS INTERVIEW AT THE ADULT'S HOME-EITHER INSIDE OR OUTSIDE?

Label	Code	Go To
YES	**1**	**INT_MODE**
NO	**2**	

IOI07000/(INT_WHERE). WHERE DID YOU CONDUCT THIS INTERVIEW?

Label	Code	Go To
ADULT'S WORKPLACE	**1**	**INT_MODE**
AT HOME OF ADULT'S FRIEND OR RELATIVE	**2**	**INT_MODE**
IN SOME TYPE OF COMMON AREA, SUCH AS A LOBBY, HALLWAY, STAIRWELL, OR LAUNDRY ROOM	**3**	**INT_MODE**
AT A CLINIC	**4**	**INT_MODE**
IN A MOBILE VAN	**5**	**INT_MODE**
OTHER	**-5**	

IOI08000/(INT_WHERE_OTH). SPECIFY _____

IOI09000/(INT_MODE). IN WHAT MODE WAS THIS INTERVIEW COMPLETED?

Label	Code	Go To
COMPUTER-ASSISTED INTERVIEWING (CAI)	**1**	**INT_METHOD**
PAPER DATA COLLECTION FORM	**2**	**INT_METHOD**
BOTH CAI AND PAPER FORM	**3**	**INT_METHOD**
OTHER	**-5**	

IOI10000/(INT_MODE_OTH).
SPECIFY: _____

IOI10100/(INT_METHOD). WAS THE INTERVIEW SELF-ADMINISTERED, INTERVIEWER-ADMINISTERED, OR BOTH (I.E., SOME PARTS WERE INTERVIEWER-ADMINISTERED, SOME PARTS WERE SELF-ADMINISTERED)?

Label	Code	Go To
SELF-ADMINISTERED	1	
INTERVIEWER-ADMINISTERED	2	
BOTH	3	

IOI11000/(PART_UND). HOW WOULD YOU ESTIMATE THE ADULT'S UNDERSTANDING OF THE INTERVIEW?

Label	Code	Go To
NO DIFFICULTY – NO LANGUAGE OR READING PROBLEM	1	
JUST A LITTLE DIFFICULTY—ALMOST NO LANGUAGE OR READING PROBLEM	2	
A FAIR AMOUNT OF DIFFICULTY—SOME LANGUAGE OR READING PROBLEM	3	
A LOT OF DIFFICULTY—CONSIDERABLE LANGUAGE OR READING PROBLEM	4	

IOI12000/(PART_COOP). HOW COOPERATIVE WAS THE ADULT DURING THE INTERVIEW?

Label	Code	Go To
VERY COOPERATIVE	1	
FAIRLY COOPERATIVE	2	
NOT VERY COOPERATIVE	3	
OPENLY HOSTILE	4	

IOI13000/(INT_PRIVATE). ON A SCALE FROM 1 THROUGH 4, HOW PRIVATE WAS THE INTERVIEW? (DO NOT COUNT YOURSELF OR OTHER NCS STAFF AS ANOTHER PERSON IN THE ROOM.)

Label	Code	Go To
COMPLETELY PRIVATE – NO ONE WAS IN THE ROOM OR COULD OVERHEAR ANY PART	1	
MINOR DISTRACTIONS – PERSONS IN THE ROOM OR LISTENING ABOUT 1/3 OF THE TIME	2	
SERIOUS INTERRUPTIONS OF PRIVACY MORE THAN HALF THE TIME	3	
CONSTANT PRESENCE OF OTHER PERSON(S)	4	

SOURCE

National Survey on Drug Use and Health

IOI14000/(INT_LANG). WHAT LANGUAGE WAS USED TO CONDUCT THIS INTERVIEW?

Label	Code	Go To
ENGLISH	1	INT_COMMENT
SPANISH	2	INT_COMMENT
ARABIC	3	INT_COMMENT
CHINESE	4	INT_COMMENT
FRENCH	5	INT_COMMENT
FRENCH CREOLE	6	INT_COMMENT
GERMAN	7	INT_COMMENT
ITALIAN	8	INT_COMMENT
KOREAN	9	INT_COMMENT
POLISH	10	INT_COMMENT
RUSSIAN	11	INT_COMMENT
TAGALOG	12	INT_COMMENT
VIETNAMESE	13	INT_COMMENT
URDU	14	INT_COMMENT
PUNJABI	15	INT_COMMENT
BENGALI	16	INT_COMMENT
FARSI	17	INT_COMMENT
JAPANESE	18	INT_COMMENT
MANDARIN	19	INT_COMMENT
PORTUGUESE	20	INT_COMMENT
TAIWANESE	21	INT_COMMENT
TURKISH	22	INT_COMMENT
OTHER	-5	

IOI15000/(INT_LANG_OTH). SPECIFY: _____

IOI16000/(INT_COMMENT). PLEASE NOTE ANYTHING ELSE YOU THINK WOULD BE HELPFUL FOR THE INTERPRETATION AND UNDERSTANDING OF THIS INTERVIEW.

COMMENT: _____

PROGRAMMER INSTRUCTIONS
- ALLOW 255 CHARATERS.

(TIME_STAMP_IOI_ET).

PROGRAMMER INSTRUCTIONS
- INSERT DATE/TIME STAMP

Interviewer Observation Questionnaire - Child

Event Category:	Time-Based
Event:	Birth, 3M, 6M, 9M, 12M, 18M, 24M, 30M, 36M, 42M, 48M, 54M, 60M
Administration:	N/A
Instrument Target:	Child
Instrument Respondent:	Data Collector
Domain:	Questionnaire
Document Category:	Observation
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:	0 minutes
Multiple Child/Sibling Consideration:	Per Event
Special Considerations:	N/A
Version:	1.0
MDES Release:	4.0

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Interviewer Observation Questionnaire - Child

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Interviewer Observation Questionnaire - Child

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FIRST NAME AND LAST NAME	30	CHARACTER	• Limit text to 30 characters
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ZIP CODE	5	CHARACTER	
ZIP CODE LAST FOUR	4	CHARACTER	
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.
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NUMBER OF HOURS PER DAY	TWO-DIGIT HOUR	NUMERIC	• HARD EDITS: HOURS MUST BE BETWEEN 1 AND 24
NUMBER OF DAYS PER WEEK	ONE-DIGIT	NUMERIC	• HARD EDITS: DAYS PER WEEK MUST BE BETWEEN 1 AND 7

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.**

INTERVIEWER OBSERVATIONS – CHILD

(TIME_STAMP_IOC_ST).

PROGRAMMER INSTRUCTIONS
• INSERT DATE/TIME STAMP
• PRELOAD PARTICIPANT ID (**P_ID**) FOR CHILD
• PRELOAD **C_FNAME** FROM **INSTRUMENT_ID** = XX (PARTICIPANT VERIFICATION, SCHEDULING, AND TRACING QUESTIONNAIRE).
• IF **C_FNAME** ≠ -1 OR -2, DISPLAY CHILD'S FIRST NAME IN "C_FNAME" THROUGHOUT INSTRUMENT.
• OTHERWISE, IF **C_FNAME** = -1 OR -2, DISPLAY "THE CHILD" THROUGHOUT INSTRUMENT.
• PRELOAD **STAFF_ID.**

IOC01000/(SEE_CHILD). DID YOU SEE {C_FNAME/THE CHILD} DURING YOUR STUDY VISIT?

Label	Code	Go To
YES	1	
NO	2	**CHILD_VIOLENCE**

SOURCE
New

IOC02000/(CHILD_ELIG). IS {C_FNAME/THE CHILD} 2 YEARS OF AGE OR OLDER?

Label	Code	Go To
YES	1	
NO	2	

SOURCE
New

PROGRAMMER INSTRUCTIONS
• IF **CHILD_ELIG** = 2 AND
○ IF **INS_MODE** = 1 (CAPI), GO TO **CHILD_TRAUMA.**
○ IF **INS_MODE** = 2 (CATI), GO TO **CHILD_VIOLENCE.**
• IF **CHILD_ELIG** = 1 AND
○ IF **INS_MODE** = 1, GO TO **INTERACT.**
○ IF **INS_MODE** = 2, GO TO **CHILD_VIOLENCE.**

IOC03000/(INTERACT). DID YOU SEE {C_FNAME/THE CHILD} INTERACT WITH OTHER CHILDREN DURING YOUR VISIT?

Label	Code	Go To
YES	1	

Label	Code	Go To
NO	2	CHILD_SAD

IOC04000/(GET_ALONG). DID THE CHILD GET ALONG WITH OTHER CHILDREN, INCLUDING BROTHERS AND SISTERS?

Label	Code	Go To
YES	1	
NO	2	

IOC05000/(CHILD_SAD). DID THE CHILD SEEM UNHAPPY, SAD, OR DEPRESSED?

Label	Code	Go To
YES	1	
NO	2	

IOC05100/(CHILD_NERVOUS). DID THE CHILD SEEM NERVOUS, HIGH-STRUNG, OR TENSE?

Label	Code	Go To
YES	1	
NO	2	

IOC06000/(CHILD_TRAUMA). DID THE CHILD HAVE ANY SIGNS OF PHYSICAL TRAUMA?

Label	Code	Go To
YES	1	
NO	2	

IOC07000/(CHILD_VIOLENCE). DID THE ADULT CAREGIVER MENTION ANYTHING ABOUT CURRENT OR PAST VIOLENCE TOWARDS THE CHILD? VIOLENCE COULD INCLUDE HITTING, SLAPPING, PUSHING, KICKING, OR PHYSICALLY HURTING.

Label	Code	Go To

Label	Code	Go To
YES	1	
NO	2	TIME_STAMP_IOC_ET

IOC08000/(CHILD_VIOLENCE_DETAIL). YOU INDICATED THAT THE ADULT CAREGIVER MENTIONED CURRENT OR PAST VIOLENCE TOWARDS THE CHILD. TO THE BEST OF YOUR ABILITY, PLEASE WRITE DOWN WHAT THE ADULT CAREGIVER TOLD YOU.

SPECIFY: _____

(TIME_STAMP_IOC_ET).

PROGRAMMER INSTRUCTIONS
- INSERT DATE/TIME STAMP

Interviewer Observation Questionnaire - Household

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INTERVIEWER OBSERVATIONS – HOME (INTERIOR)

(TIME_STAMP_IOH_ST).

PROGRAMMER INSTRUCTIONS
- INSERT DATE/TIME STAMP   - PRELOAD **DWELLING_UNIT_ID** FOR THE DWELLING UNIT FROM THE PARTICIPANT VERIFICATION, SCHEDULING, AND TRACING QUESTIONNAIRE (**INSTRUMENT_ID** = XX)   - PRELOAD **STAFF_ID.**   - PRELOAD **INS_MODE.**   - IF **INS_MODE** = 1 (CAPI), GO TO **GO_INSIDE_HOME.**   - IF **INS_MODE** = 2 (CATI), GO TO **TIME_STAMP_IOH_ET.**

INTERVIEWER INSTRUCTIONS
YOU SHOULD NOW ANSWER THE HOUSEHOLD OBSERVATION MODULE. PLEASE ANSWER THESE QUESTIONS THE BEST YOU CAN. YOU SHOULD ANSWER BASED ON WHAT YOU KNOW OR HAVE SEEN SO FAR. DO NOT EXPLORE THE HOME MORE THAN YOU ALREADY HAVE IN ORDER TO ANSWER THESE QUESTIONS.

IOH01000/(GO_INSIDE_HOME). DID YOU GO INSIDE THE PARTICIPANT'S HOME?

Label	Code	Go To
YES	1	
NO	2	TIME_STAMP_IOH_ET

IOH02000/(HOME_HAZARDS). WAS THE HOUSE OR APARTMENT FREE OF POTENTIALLY DANGEROUS STRUCTURAL OR HEALTH HAZARDS (EXPOSED OUTLETS, BROKEN WINDOWS, WINDOWS WITHOUT SCREENS OR GUARDS, LEAKING RADIATOR, POTS HANGING OVER THE EDGE OF THE STOVE)?

Label	Code	Go To
YES	1	
NO	2	

IOH03000/(HOME_CLEAN). WERE ALL VISIBLE ROOMS OF THE HOME ARE REASONABLY CLEAN AND MINIMALLY CLUTTERED?

Label	Code	Go To
YES	1	

Label	Code	Go To
NO	2	

IOH04000/(FLOOR_SPACE). IN TERMS OF AVAILABLE FLOOR SPACE, WERE THE ROOMS OVERCROWDED WITH FURNITURE?

Label	Code	Go To
YES	1	
NO	2	

IOH05000/(DARK_INSIDE). WAS THE INTERIOR OF THE HOME DARK?

Label	Code	Go To
YES	1	
NO	2	

IOH06000/(NOISE_INSIDE). WAS THE HOUSE OR APARTMENT OVERLY NOISY DUE TO NOISE INSIDE THE HOUSE (E.G., TELEVISION, LOUD VOICES, RADIO)?

Label	Code	Go To
YES	1	
NO	2	

IOH07000/(NOISE_OUTSIDE). WAS THE HOUSE OR APARTMENT OVERLY NOISY DUE TO NOISE OUTSIDE THE HOUSE (E.G., TELEVISION, LOUD VOICES, RADIO)?

Label	Code	Go To
YES	1	
NO	2	

IOH08000/(SIGNS_DRUG_ALCOHOL). WERE THERE OBVIOUS SIGNS OF RECENT ALCOHOL OR NON-PRESCRIPTION DRUG CONSUMPTION IN THE HOME (E.G., DRUG PARAPHERNALIA, BEER CANS, LIQUOR BOTTLES)?

Label	Code	Go To
YES	1	
NO	2	

IOH09000/(SIGNS_SMOKE_INSIDE). WAS THERE EVIDENCE OF SMOKING INSIDE THE HOME, SUCH AS ASH TRAYS, TOBACCO PRODUCTS, LIGHTERS, OR ODORS?

Label	Code	Go To
YES	1	
NO	2	

IOH10000/(SIGNS_RODENT_INSIDE). WAS THERE EVIDENCE OF RODENT DROPPINGS, TRAPS, OR POISONS INSIDE THE HOME?

Label	Code	Go To
YES	1	
NO	2	

IOH11000/(FOOD_REMAINS). WAS THERE EVIDENCE OF FOOD REMAINS INSIDE THE HOME (THAT IS, FOOD THAT HAS NOT BEEN DISPOSED OF PROPERLY)?

Label	Code	Go To
YES	1	
NO	2	

IOH12000/(VISIBLE_MOLD). WAS THERE MOLD VISIBLE ON WALLS, CARPET, OR OTHER SURFACES INSIDE THE HOME?

Label	Code	Go To
YES	1	
NO	2	

IOH13000/(SMELL_MOLD). DID THE HOME HAVE A MOLDY SMELL?

Label	Code	Go To
YES	1	
NO	2	

IOH14000/(WATER_DAMAGE). DID THE HOME HAVE ANY VISIBLE WATER DAMAGE?

Label	Code	Go To
YES	1	
NO	2	

IOH15000/(INSIDE_TEMP). HOW WOULD YOU DESCRIBE THE TEMPERATURE IN THE HOME?

Label	Code	Go To
TOO HOT FOR THE SEASON	1	
ABOUT RIGHT FOR THE SEASON	2	
TOO COLD FOR THE SEASON	3	

SOURCE

New

(TIME_STAMP_IOH_ET).

PROGRAMMER INSTRUCTIONS
• INSERT DATE/TIME STAMP