

Pregnancy Visit 1 Questionnaire - Adult

|  |  |
| --- | --- |
| Event Category: | Trigger-Based |
| Event: | PV1 |
| Administration: | N/A |
| Instrument Target: | Pregnant Woman |
| Instrument Respondent: | Pregnant Woman |
| 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: | 19 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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Pregnancy Visit 1 Questionnaire - Adult

TABLE OF CONTENTS

[GENERAL PROGRAMMER INSTRUCTIONS: 1](#_Toc373927643)

[CURRENT PREGNANCY INFORMATION 3](#_Toc373927644)

[MEDICAL HISTORY 15](#_Toc373927645)

[HEALTH INSURANCE 22](#_Toc373927646)

[HOUSEHOLD COMPOSITION AND DEMOGRAPHICS 25](#_Toc373927647)

[REACTIONS TO RACE 41](#_Toc373927648)

[COMMUTING 44](#_Toc373927649)

[PREGNANCY HEALTH CARE LOG INTRODUCTION 47](#_Toc373927650)

[IMMIGRATION STATUS 48](#_Toc373927651)

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Pregnancy Visit 1 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.**

CURRENT PREGNANCY INFORMATION

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP * PRELOAD PARTICIPANT ID (**P\_ID**​) FOR PREGNANT WOMAN. * THROUGHOUT ENTIRE INSTRUMENT, IF PROGRAMMER INSTRUCTIONS INDICATE TO "DISPLAY SOFT EDIT," DISPLAY "THIS VALUE IS OUTSIDE THE EXPECTED RANGE. PROBE AND CORRECT OR CONFIRM ANSWER BEFORE PROCEEDING TO THE NEXT QUESTION" UNLESS OTHERWISE SPECIFIED IN PROGRAMMER INSTRUCTIONS. |

**CPI01000.** In the next set of questions, I’ll ask about you, your health, and your health history.

|  |
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| INTERVIEWER INSTRUCTIONS |
| * MODIFY TRANSITIONAL STATEMENTS AS NEEDED TO MAKE APPROPRIATE FOR CURRENT INTERVIEW. |

**CPI02000/(PREGNANT).** The first questions ask about how your pregnancy is progressing. Are you still pregnant?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 | CPI05000 |
| NO | 2 |  |
| REFUSED | -1 | IS12000 |
| DON'T KNOW | -2 | IS12000 |

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| SOURCE |
| Pregnancy Risk Assessment Monitoring System (modified)  Current: National Children’s Study, Vanguard Phase (LI Non & Preg, PV2) |

**CPI03000.**  I’m so sorry for your loss. I know this can be a difficult time.

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| --- |
| INTERVIEWER INSTRUCTIONS |
| * USE SOCIAL CUES AND PROFESSIONAL JUDGMENT IN RESPONSE. * IF ROC HAS PREGNANCY LOSS INFORMATION TO DISSEMINATE, OFFER TO PARTICIPANT. |

**CPI04000/(LOSS\_INFO\_2).** DID PARTICIPANT REQUEST ADDITIONAL INFORMATION ON COPING WITH PREGNANCY LOSS?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 | IS11000 |
| NO | 2 | IS11000 |

**CPI05000.** What is your current due date?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF SOFT EDIT MESSAGE DISPLAYED, ASK QUESTION AGAIN |

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| SOURCE |
| Pregnancy, Infection, and Nutrition Study  Legacy: National Children’s Study, Legacy Phase (T1 Mother) |

**(DUE\_DATE\_MM)** MONTH

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

  M   M

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

**(DUE\_DATE\_DD)** DAY

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

D      D

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

**(DUE\_DATE\_YYYY)** YEAR:

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

  Y      Y     Y    Y

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * PERFORM A SOFT EDIT CHECK OF REPORTED DUE DATE AGAINST CURRENT DATE; DISPLAY APPROPRIATE MESSAGE:   + SET **DUE\_DATE\_MM, DUE\_DATE\_DD, DUE\_DATE\_YYYY**= YYYY-MM-DD AS REPORTED.   + IF DATE IS MORE THAN 9 MONTHS AFTER CURRENT DATE, DISPLAY INTERVIEWER INSTRUCTION: **“YOU HAVE ENTERED A DATE THAT IS MORE THAN 9 MONTHS FROM TODAY. RE-ENTER DATE.”**   + IF DATE IS MORE THAN 1 MONTH BEFORE CURRENT DATE, DISPLAY INTERVIEWER INSTRUCTION: **“YOU HAVE ENTERED A DATE THAT OCCURRED MORE THAN A MONTH BEFORE TODAY. RE-ENTER DATE.”** * IF **DUE\_DATE\_MM, DUE\_DATE\_DD,** AND **DUE\_DATE\_YYYY**≠ -1 OR -2, GO TO **KNOW\_DATE** |

**CPI06000/(KNOW\_DATE).** How did you find out your due date? Did you...

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Figure it out yourself | 1 | HOME\_TEST |
| Have an ultrasound to figure it out | 2 | HOME\_TEST |
| Have a doctor or other provider tell you without an ultrasound | 3 | HOME\_TEST |
| REFUSED | -1 | HOME\_TEST |
| DON'T KNOW | -2 | HOME\_TEST |

|  |
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| SOURCE |
| Pregnancy, Infection, and Nutrition Study  Current: National Children’s Study, Vanguard Phase (LI Non & Preg) |

**CPI07000.** What was the first day of your last menstrual period?

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| INTERVIEWER INSTRUCTIONS |
| * ENTER A TWO-DIGIT MONTH, TWO-DIGIT DAY, AND A FOUR-DIGIT YEAR |

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| SOURCE |
| National Health and Nutrition Examination Survey 2000  Current: National Children’s Study, Vanguard Phase (LI Non & Preg, PV2) |

**(DATE\_PERIOD\_MM)** MONTH:

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

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

**(DATE\_PERIOD\_DD)** DAY:

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

D      D

|  |
| --- |
| DATA COLLECTOR INSTRUCTIONS |
| * CODE DAY AS "15" IF PARTICIPANT IS UNSURE/UNABLE TO ESTIMATE DAY. |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 | HOME\_TEST |

**(DATE\_PERIOD\_YYYY)**

YEAR:

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

  Y      Y     Y    Y

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * CHECK REPORTED MENSTRUAL DATE AGAINST CURRENT DATE; DISPLAY APPROPRIATE MESSAGE:   + IF DATE IS MORE THAN 10 MONTHS BEFORE CURRENT DATE, DISPLAY INTERVIEWER INSTRUCTION: “YOU HAVE ENTERED A DATE THAT IS MORE THAN 10 MONTHS BEFORE TODAY. CONFIRM DATE.”   + IF DATE IS AFTER CURRENT DATE, DISPLAY INTERVIEWER INSTRUCTION: “YOU HAVE ENTERED A DATE THAT HAS NOT OCCURRED YET. RE-ENTER DATE.”   + IF DATE IS NONMISSING, NO MORE THAN 10 MONTHS BEFORE CURRENT DATE, AND NO LATER THAN CURRENT DATE, CALCULATE DUE DATE FROM THE FIRST DATE OF LAST MENSTRUAL PERIOD AND SET **DUE\_DATE\_MM, DUE\_DATE\_DD,**AND **DUE\_DATE\_YYYY** = **DATE\_PERIOD\_MM, DATE\_PERIOD\_DD,**AND **​DATE\_PERIOD\_YYYY** + 280 DAYS. |

**CPI08000/(KNEW\_DATE).** DID PARTICIPANT GIVE DATE?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| PARTICIPANT GAVE COMPLETE DATE | 1 |  |
| INTERVIEWER ENTERED 15 FOR DAY | 2 |  |

**CPI09000/(HOME\_TEST).** Did you use a home pregnancy test to help find out you were pregnant?

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

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard Phase (LI Non- and Preg, PV2) |

**CPI10000/(MULTIPLE\_GESTATION).** Are you pregnant with a single baby (singleton), twins, or triplets or other multiple births?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| SINGLETON | 1 |  |
| TWINS | 2 |  |
| TRIPLETS OR HIGHER | 3 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (T1 Mother) |

|  |
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| PROGRAMMER INSTRUCTIONS |
| * IF **MULTIPLE\_GESTATION** =2 OR 3, DISPLAY “babies” AS APPROPRIATE THROUGHOUT THE REST OF THE INSTRUMENT. * OTHERWISE, DISPLAY “baby.” |

**CPI11000/(BIRTH\_PLAN).** Where do you plan to deliver your {baby/babies}?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| In a hospital | 1 |  |
| A birthing center | 2 |  |
| At home | 3 | PN\_VITAMIN |
| Some other place | 4 |  |
| REFUSED | -1 | PN\_VITAMIN |
| DON'T KNOW | -2 | PN\_VITAMIN |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (T1 Mother) |

**CPI12000.** What is the name and address of the place where you are planning to deliver your {baby/babies}?

|  |
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| SOURCE |
| National Children’s Study, Legacy Phase (T1 Mother)  Current: National Children’s Study, Vanguard Phase (LI Non & Preg, PV2) |

**(BIRTH\_PLACE)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF BIRTH HOSPITAL/BIRTHING CENTER

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

**(B\_ADDRESS\_1)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET ADDRESS

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **B\_ADDRESS\_1**= -1, SET **B\_ADDRESS\_2**= -1 * IF **B\_ADDRESS\_1** = -2, SET**B\_ADDRESS\_2** = -2 |

**(B\_ADDRESS\_2)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET ADDRESS

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

**(B\_CITY)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY

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

**(B\_STATE)** |\_\_\_|\_\_\_|

STATE

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

**(B\_ZIPCODE)** |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|

ZIP CODE

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

**CPI13000/(PN\_VITAMIN).** In the month before you became pregnant, did you regularly take multivitamins, prenatal vitamins, folate, or folic acid?

|  |  |  |
| --- | --- | --- |
| 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 (LI Non & Preg) |

**CPI14000/(PREG\_VITAMIN).** Since you've become pregnant, have you regularly taken multivitamins, prenatal vitamins, folate, or folic acid?

|  |  |  |
| --- | --- | --- |
| 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 (LI Non & Preg) |

**CPI15000.** What was the date of your most recent doctor’s visit or checkup since you’ve become pregnant?

|  |
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| INTERVIEWER INSTRUCTIONS |
| * ENTER A TWO-DIGIT MONTH, TWO-DIGIT DAY, AND A FOUR-DIGIT YEAR |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (T1 Mother, T3 Prior)  Current: National Children’s Study, Vanguard Phase (LI Non & Preg, PV2) |

**(DATE\_VISIT\_MM)** |\_\_\_|\_\_\_|

M   M

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| HAVE NOT HAD A VISIT | -7 | CPI16000 |
| REFUSED | -1 | CPI16000 |
| DON'T KNOW | -2 | CPI16000 |

**(DATE\_VISIT\_DD)** DAY:

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

D      D

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 | CPI16000 |
| DON'T KNOW | -2 |  |

**(DATE\_VISIT\_YYYY)** YEAR:

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

  Y      Y     Y    Y

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 | CPI16000 |
| DON'T KNOW | -2 | CPI16000 |

**CPI16000.** {At this visit or at}/{At} any time during your pregnancy, did the doctor or other health care provider tell you that you have any of the following conditions?

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **DATE\_VISIT\_MM** ≠ -1, -2 OR -7, AND IF **DATE\_VISIT\_YYYY** ≠ -1 OR -2, DISPLAY "At this visit or at”. * OTHERWISE, DISPLAY “At”. |

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination Survey (modified) |

**CPI17000/(DIABETES\_1).** Diabetes?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT ({At this visit or at}/{At}  any time during your pregnancy, did the doctor or other health care provider tell you that you have any of the following conditions?) AS NEEDED. |

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

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination Survey (modified)  Legacy: National Children’s Study, Legacy Phase (T1 Mother) |

**CPI18000/(HIGHBP\_PREG).** High blood pressure?

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| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT ({At this visit or at}/{At}  any time during your pregnancy, did the doctor or other health care provider tell you that you have any of the following conditions?) AS NEEDED. |

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

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination Survey (modified)  Legacy: National Children’s Study, Legacy Phase (T1 Mother) |

**CPI19000/(URINE).** Protein in your urine?

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| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT ({At this visit or at}/{At}  any time during your pregnancy, did the doctor or other health care provider tell you that you have any of the following conditions?) AS NEEDED. |

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

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination Survey (modified)  Legacy: National Children’s Study, Legacy Phase (T1 Mother) |

**CPI20000/(PREECLAMP).** Preeclampsia or toxemia?

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| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT ({At this visit or at}/{At}  any time during your pregnancy, did the doctor or other health care provider tell you that you have any of the following conditions?) AS NEEDED. |

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

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination Survey (modified)  Legacy: National Children’s Study, Legacy Phase (T1 Mother) |

**CPI21000/(EARLY\_LABOR).** Early or premature labor?

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| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT ({At this visit or at}/{At}  any time during your pregnancy, did the doctor or other health care provider tell you that you have any of the following conditions?) AS NEEDED. |

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

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination Survey (modified)  Legacy: National Children’s Study, Legacy Phase (T1 Mother) |

**CPI22000/(ANEMIA).** Anemia or low blood count?

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| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT ({At this visit or at}/{At}  any time during your pregnancy, did the doctor or other health care provider tell you that you have any of the following conditions?) AS NEEDED. |

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

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination Survey (modified)  Legacy: National Children’s Study, Legacy Phase (T1 Mother) |

**CPI23000/(NAUSEA).** Severe nausea or vomiting, also called hyperemesis?

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| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT ({At this visit or at}/{At}  any time during your pregnancy, did the doctor or other health care provider tell you that you have any of the following conditions?) AS NEEDED. |

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

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination Survey (modified)  Legacy: National Children’s Study, Legacy Phase (T1 Mother) |

**CPI24000/(KIDNEY).** Bladder or kidney infection?

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| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT ({At this visit or at}/{At}  any time during your pregnancy, did the doctor or other health care provider tell you that you have any of the following conditions?) AS NEEDED. |

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

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination Survey (modified)  Legacy: National Children’s Study, Legacy Phase (T1 Mother) |

**CPI25000/(RH\_DISEASE).** Rh disease or isoimmunization?

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| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT ({At this visit or at}/{At}  any time during your pregnancy, did the doctor or other health care provider tell you that you have any of the following conditions?) AS NEEDED. |

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

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination Survey (modified)  Legacy: National Children’s Study, Legacy Phase (T1 Mother) |

**CPI26000/(GROUP\_B).** Infection with bacteria called Group B strep?

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| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT ({At this visit or at}/{At}  any time during your pregnancy, did the doctor or other health care provider tell you that you have any of the following conditions?) AS NEEDED. |

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

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination Survey (modified)  Legacy: National Children’s Study, Legacy Phase (T1 Mother) |

**CPI27000/(HERPES).** Infection with a Herpes virus?

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| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT ({At this visit or at}/{At}  any time during your pregnancy, did the doctor or other health care provider tell you that you have any of the following conditions?) AS NEEDED. |

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

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination Survey (modified)  Legacy: National Children’s Study, Legacy Phase (T1 Mother)  Current: National Children’s Study, Vanguard Phase (LI Non & Preg, PV2) |

**CPI28000/(VAGINOSIS).** Infection of the vagina with bacteria, also called bacterial vaginosis?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT ({At this visit or at}/{At}  any time during your pregnancy, did the doctor or other health care provider tell you that you have any of the following conditions?) AS NEEDED. |

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

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination Survey (modified)  Legacy: National Children’s Study, Legacy Phase (T1 Mother) |

**CPI29000/(OTH\_CONDITION).** Any other serious condition?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT ({At this visit or at}/{At}  any time during your pregnancy, did the doctor or other health care provider tell you that you have any of the following conditions?) AS NEEDED. |

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

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination Survey (modified)  Legacy: National Children’s Study, Legacy Phase (T1 Mother) |

**CPI30000/(CONDITION\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination Survey (modified)  Legacy: National Children’s Study, Legacy Phase (T1 Mother) |

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

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

MEDICAL HISTORY

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

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

**MH01000.** These next questions are about your health when you are not pregnant.

**MH02000/(HEALTH).** Would you say your health in general is . . .

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Excellent | 1 |  |
| Very good | 2 |  |
| Good | 3 |  |
| Fair | 4 |  |
| Poor | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Behavioral Risk Factor Surveillance System  Legacy: National Children’s Study, Legacy Phase (T1 Mother) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF FIRST PREGNANCY VISIT 1 INTERVIEW, GO TO **MH03000**. * IF SUBSEQUENT PREGANCY VISIT 1 INTERVIEW, GO TO **​WEIGHT.** |

**MH03000.** How tall are you without shoes?

|  |
| --- |
| SOURCE |
| Behavioral Risk Factor Surveillance System  Legacy: National Children’s Study, Legacy Phase (T1 Mother) |

**(HEIGHT\_FT)** |\_\_\_|

FEET

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

**(HT\_INCH)** |\_\_\_|\_\_\_|

INCHES

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY A SOFT EDIT IF **HEIGHT\_FT** > 7 OR < 4 * IF **HEIGHT\_FT** ≠ -1 OR -2, DISPLAY A SOFT EDIT IF **HT\_INCH** > 12. * IF **HEIGHT\_FT** ≠ -1 OR -2, DISPLAY A HARD EDIT IF **HT\_INCH** > 84 OR < 48. |

**MH04000/(WEIGHT).** What was your weight just before you became pregnant?

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

POUNDS

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

|  |
| --- |
| SOURCE |
| Behavioral Risk Factor Surveillance System  Legacy: National Children’s Study, Legacy Phase (T1 Mother) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY A SOFT EDIT IF **WEIGHT** < 90 OR > 400 |

**MH05000.** The next questions are about medical conditions or health problems you might have now or may have had {in the past/{since {DATE OF FIRST PREGNANCY VISIT 1 INTERVIEW}}/{since {DATE OF MOST RECENT SUBSEQUENT PREGNANCY VISIT 1 INTERVIEW}}.

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF FIRST PREGNANCY VISIT 1 INTERVIEW (I.E., NO PREGNANCY VISIT 1 INTERVIEWS SET TO COMPLETE), DISPLAY “in the past.” * IF ONE PREVIOUS PREGNANCY VISIT 1 INTERVIEW SET TO COMPLETE, DISPLAY “since” AND DATE OF FIRST PREGNANCY VISIT 1 INTERVIEW. * IF TWO OR MORE PREVIOUS PREGNANCY VISIT 1 INTERVIEWS SET TO COMPLETE, DISPLAY “since” AND DATE OF MOST RECENT PREGNANCY VISIT 1 INTERVIEW. * DISPLAY DATE AS MM/DD/YYYY.      * FOR  **ASTHMA, HIGHBP\_NOTPREG, DIABETES\_NOTPREG, DIABETES\_3** AND **THYROID\_1**:   + IF FIRST PREGNANCY VISIT 1 INTERVIEW (I.E., NO PREGNANCY VISIT 1 INTERVIEWS SET TO COMPLETE), DISPLAY “ever”.   + IF ONE PREVIOUS PREGNANCY VISIT 1 INTERVIEW SET TO COMPLETE, DISPLAY “since” AND PRELOAD AND DISPLAY DATE OF FIRST PREGNANCY VISIT 1 INTERVIEW.   + IF TWO OR MORE PREVIOUS PREGNANCY VISIT 1 INTERVIEWS SET TO COMPLETE, DISPLAY “since” AND PRELOAD AND DISPLAY DATE OF MOST RECENT PREGNANCY VISIT 1 INTERVIEW.   + DISPLAY DATE AS MM/DD/YYYY. |

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination Survey 2004 (modified) |

**MH06000/(ASTHMA).** Have you {ever} been told by a doctor or other health care provider that you had asthma {since {DATE OF FIRST PREGNANCY VISIT 1 INTERVIEW}}/{since {DATE OF MOST RECENT SUBSEQUENT PREGNANCY VISIT 1 INTERVIEW}}?

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

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination Survey 2004 (modified)  Legacy: National Children’s Study, Legacy Phase (T1 Mother) |

**MH07000/(HIGHBP\_NOTPREG).** Have you {ever} been told by a doctor or other health care provider that you had

Hypertension or high blood pressure when you’re **not pregnant** {since {DATE OF FIRST PREGNANCY VISIT 1 INTERVIEW}}/{since {DATE OF MOST RECENT SUBSEQUENT PREGNANCY VISIT 1 INTERVIEW}}?

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

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination Survey 2004 (modified)  Legacy: National Children’s Study, Legacy Phase (T1 Mother) |

**MH08000/(DIABETES\_NOTPREG).** Have you {ever} been told by a doctor or other health care provider that you had

High blood sugar or diabetes when you’re **not pregnant** {since {DATE OF FIRST PREGNANCY VISIT 1 INTERVIEW}}/{since {DATE OF MOST RECENT SUBSEQUENT PREGNANCY VISIT 1 INTERVIEW}}?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 | THYROID\_1 |
| REFUSED | -1 | THYROID\_1 |
| DON'T KNOW | -2 | THYROID\_1 |

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination Survey 2004 (modified)  Legacy: National Children’s Study, Legacy Phase (T1 Mother) |

**MH09000/(DIABETES\_2).** Have you taken any medicine or received other medical treatment for diabetes in the past 12 months?

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

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination Survey 2004 (modified)  Legacy: National Children’s Study, Legacy Phase (T1 Mother) |

**MH10000/(DIABETES\_3).** Have you {ever} taken insulin {since {DATE OF FIRST PREGNANCY VISIT 1 INTERVIEW}}/{since {DATE OF MOST RECENT SUBSEQUENT PREGNANCY VISIT 1 INTERVIEW}}?

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

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination Survey 2004 (modified)  Legacy: National Children’s Study, Legacy Phase (T1 Mother) |

**MH11000/(THYROID\_1).** Have you {ever} been told by a doctor or other health care provider that you had hypothyroidism, that is, an under-active thyroid {since {DATE OF FIRST PREGNANCY VISIT 1 INTERVIEW}}/{since {DATE OF MOST RECENT SUBSEQUENT PREGNANCY VISIT 1 INTERVIEW}}?

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

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination Survey 2004 (modified)  Legacy: National Children’s Study, Legacy Phase (T1 Mother) |

**MH12000/(THYROID\_2).** Have you taken any medicine or received other medical treatment for a thyroid problem in the past 12 months?

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

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination Survey 2004 (modified)  Legacy: National Children’s Study, Legacy Phase (T1 Mother) |

**MH13000/(DIFF\_HEAR).** Are you deaf or do you have serious difficulty hearing?

|  |  |  |
| --- | --- | --- |
| 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. |

**MH14000/(DIFF\_SEE).** Are you blind or do you have serious difficulty seeing, even when wearing glasses?

|  |  |  |
| --- | --- | --- |
| 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. |

**MH15000/(DIFF\_CONCENTRATE).** Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| REFUSED | -1 |  |
| DPN'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. |

**MH16000/(DIFF\_WALK).** Do you have serious difficulty walking or climbing stairs?

|  |  |  |
| --- | --- | --- |
| 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. |

**MH17000/(DIFF\_DRESS).** Do you have difficulty dressing or bathing?

|  |  |  |
| --- | --- | --- |
| 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. |

**MH18000/(DIFF\_ERRAND).** Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor’s office or shopping?

|  |  |  |
| --- | --- | --- |
| 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. |

**MH19000.** This next question is about where you go for routine health care.

**MH20000/(HLTH\_CARE).** What kind of place do you usually go to when you need routine or preventive care, such as a physical examination or check-up?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Clinic or health center | 1 |  |
| Doctor's office or health maintenance organization (HMO) | 2 |  |
| Hospital emergency room | 3 |  |
| Hospital outpatient department | 4 |  |
| Some other place | 5 |  |
| DOESN'T GO TO ONE PLACE MOST OFTEN | 6 |  |
| DOESN'T GET PREVENTIVE CARE ANYWHERE | 7 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Health Interview Survey  Legacy: National Children’s Study, Legacy Phase (T1 Mother, T3 Prior)  Current: National Children’s Study, Vanguard Phase (Pre-Preg, LI Non & Preg) |

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

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

HEALTH INSURANCE

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

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

**HI01000.** Now I’m going to switch to another subject and ask about health insurance.

**HI02000/(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\_HI\_ET |
| REFUSED | -1 | TIME\_STAMP\_HI\_ET |
| DON'T KNOW | -2 | TIME\_STAMP\_HI\_ET |

|  |
| --- |
| SOURCE |
| American Community Survey 2006 (modified)  Legacy: National Children’s Study, Legacy Phase (T1 Mother) |

**HI03000.** Now I’ll read a list of different types of insurance. Please tell me which types you currently have. Do you currently have…

|  |
| --- |
| SOURCE |
| American Community Survey 2006 (modified)  Legacy: National Children’s Study, Legacy Phase (T1 Mother) |

**HI04000/(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 2006 (modified)  Legacy: National Children’s Study, Legacy Phase (T1 Mother) |

**HI05000/(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. * PROVIDE EXAMPLES OF LOCAL MEDICAID PROGRAMS. |

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

|  |
| --- |
| SOURCE |
| American Community Survey 2006 (modified)  Legacy: National Children’s Study, Legacy Phase (T1 Mother) |

**HI06000/(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 2006 (modified)  Legacy: National Children’s Study, Legacy Phase (T1 Mother) |

**HI07000/(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 2006 (modified)  Legacy: National Children’s Study, Legacy Phase (T1 Mother) |

**HI08000/(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 2006 (modified)  Legacy: National Children’s Study, Legacy Phase (T1 Mother) |

**HI09000/(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 2006 (modified)  Legacy: National Children’s Study, Legacy Phase (T1 Mother) |

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

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

HOUSEHOLD COMPOSITION AND DEMOGRAPHICS

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

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

**HCA01000.** Now, I’d like to ask some questions about your schooling and employment.

**HCA02000/(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 |  |
| HIGH SCHOOL DIPLOMA OR GED | 2 |  |
| SOME COLLEGE BUT NO DEGREE | 3 |  |
| ASSOCIATE DEGREE | 4 |  |
| BACHELOR'S DEGREE (FOR EXAMPLE, BA, BS) | 5 |  |
| POST-GRADUATE DEGREE (FOR EXAMPLE, MASTER'S OR DOCTORAL) | 6 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Census  Legacy:  National Children’s Study, Legacy Phase (P1, T1 Mother, T1 Father, 6M) |

**HCA03000/(WORK\_CURRENTLY).** Are you currently employed?

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

|  |
| --- |
| SOURCE |
| Pregnancy, Infection, and Nutrition Study |

**HCA04000/(HOURS).** Approximately how many hours each week are you working?

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

NUMBER OF HOURS

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

|  |
| --- |
| SOURCE |
| Pregnancy, Infection, and Nutrition Study (modified)  Legacy: National Children’s Study, Legacy Phase (6M) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY A SOFT EDIT IF RESPONSE > 60. |

**HCA05000/(SHIFT\_WORK).** Do you currently work a shift that starts after 2 pm?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| SOMETIMES | 3 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Avon Longitudinal Study of Parents and Children (modified)  Legacy: National Children’s Study, Legacy Phase (P1, T1 Mother) |

**HCA06000/(WORK\_NAME).** What is the name of the place where you work?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF PARTICIPANT REPORTS HAVING MULTIPLE JOBS, ASK PARTICIPANT TO RESPOND IN RELATION TO THE PLACE THEY WORK MOST OFTEN |

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

|  |
| --- |
| SOURCE |
| Evaluation of the Community Health Marriage Incentive and National Longitudinal Survey of Youth (modified)  Current: National Children’s Study, vanguard Phase (PV2, Birth EHPBHIPBS, Birth LI, Core, 24M) |

**HCA07000.** What is the address where you work?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * PROBE AND ENTER AS MUCH INFORMATION AS PARTICIPANT KNOWS. * IF PARTICIPANT REPORTS HAVING MULTIPLE JOBS, ASK PARTICIPANT TO RESPOND IN RELATION TO THE PLACE THEY WORK MOST OFTEN |

|  |
| --- |
| SOURCE |
| Evaluation of the Community Health Marriage Incentive and National Longitudinal Survey of Youth (modified)  Current: National Children’s Study, vanguard Phase (PV2, Birth EHPBHIPBS, Birth LI, Core, 24M) |

**(WORK\_ADDRESS\_1)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS 1 - STREET/PO BOX

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

**(WORK\_ADDRESS\_2)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS 2

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

**(WORK\_UNIT)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UNIT

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

**(WORK\_CITY)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY

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

**(WORK\_STATE)** |\_\_\_|\_\_\_|

STATE

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

**(WORK\_ZIP)** |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|

ZIP CODE

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

**(WORK\_ZIP4)**  - |\_\_\_|\_\_\_|\_\_\_|\_\_\_|

    ZIP+4

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

**HCA08000/(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 | 0 |  |
| 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. |

**HCA09000.** These next questions are about the language that will be spoken to your {baby/babies}.

**HCA10000/(HH\_NONENGLISH\_NEW).** Do you speak a language other than English at home?

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

|  |
| --- |
| 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. |

**HCA11000/(OTHER\_LANG).** What is this language?

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

|  |
| --- |
| 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. |

**HCA12000/(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. |

**HCA13000/(HH\_PRIMARY\_LANG).** What is the primary language spoken in your home?

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

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

**HCA14000/(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) |

**HCA15000/(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 | HCA17000 |
| Divorced | 4 | HCA17000 |
| Separated | 5 | HCA17000 |
| Widowed | 6 | HCA17000 |
| REFUSED | -1 | HCA17000 |
| DON'T KNOW | -2 | HCA17000 |

|  |
| --- |
| SOURCE |
| National Survey for Family Growth  Legacy: National Children’s Study, Legacy Phase (P1, T1 Mother) |

**HCA16000/(SP\_EDUC).** What is the highest degree or level of school that your spouse or partner has 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 |  |
| HIGH SCHOOL DIPLOMA OR GED | 2 |  |
| SOME COLLEGE BUT NO DEGREE | 3 |  |
| ASSOCIATE DEGREE | 4 |  |
| BACHELOR'S DEGREE (FOR EXAMPLE, BA, BS) | 5 |  |
| POST GRADUATE DEGREE (FOR EXAMPLE, MASTERS OR DOCTORAL) | 6 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Census (modified)  Current: National Children’s Study, vanguard Phase (Pre-Preg) |

**HCA17000.** Next, I’d like to ask some questions about {your/you and your spouse or partner’s} race and ethnicity.

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **MARISTAT** ≠ 1 OR 2, DISPLAY “your” AND GO TO **ETHNIC\_ORIGIN.** * IF**MARISTAT**  = 1 OR 2, DISPLAY “you and your spouse or partner’s” AND GO TO **SP\_ETHNIC\_1**. |

**HCA18000/(SP\_ETHNIC\_1).** Is your spouse or partner of Hispanic, Latino/a, 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) |

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| --- |
| PROGRAMMER INSTRUCTIONS |
| * PRELOAD **MODE** * IF **SP\_ETHNIC\_1** = 1, GO TO **SP\_ETHNIC\_2.** * IF **SP\_ETHNIC\_1** ≠ 1, AND   + IF **MODE** = CAPI, GO TO **SP\_RACE\_NEW**.   + IF **MODE** = CATI, GO TO **SP\_RACE\_1**. |

**HCA19000/(SP\_ETHNIC\_2).** Is your spouse or partner one or more of the following?

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

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Mexican, Mexican American, Chicano/a | 1 |  |
| Puerto Rican | 2 |  |
| Cuban | 3 |  |
| Another Hispanic, Latino/a, 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) |

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

**HCA20000/(SP\_ETHNIC\_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 **SP\_RACE\_NEW**. * OTHERWISE, IF **MODE** = CATI, GO TO **SP\_RACE\_1**. |

**HCA21000/(SP\_RACE\_NEW).** What is your spouse or partner’s 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. * 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 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 |  |

|  |
| --- |
| 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 **SP\_RACE\_NEW** =  -1 OR -2, DO NOT ALLOW ANY OTHER RESPONSES AND GO TO**ETHNIC\_ORIGIN**. * IF **SP\_RACE\_NEW** = -5, OR ANY COMBINATION OF 1 THROUGH 14 AND -5, GO TO **SP\_RACE\_NEW\_OTH**. * IF **SP\_RACE\_NEW** = ANY COMBINATION OF 1 THROUGH 14, GO TO **ETHNIC\_ORIGIN**. |

**HCA22000/(SP\_RACE\_NEW\_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 |
| * GO TO **ETHNIC\_ORIGIN**. |

**HCA23000/(SP\_RACE\_1).** What is your spouse or partner’s 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 |  |

|  |
| --- |
| 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 **SP\_RACE\_1** =  -1 OR -2, DO NOT ALLOW ANY OTHER RESPONSES AND GO TO **ETHNIC\_ORIGIN**. * IF **SP\_RACE\_1** = -5, OR ANY COMBINATION OF 1 THROUGH 5 AND -5, GO TO **SP\_RACE\_1\_OTH**. * IF **SP\_RACE\_1** = 4 OR ANY COMBINATION OF 4 AND 1, 2, 3, AND/OR 5, GO TO **SP\_RACE\_2**. * IF **SP\_RACE\_1** = 5 OR ANY COMBINATION OF 5 AND 1 THROUGH 3, GO TO **SP\_RACE\_3**. * IF **SP\_RACE\_1**= ANY COMBINATION OF 1 THROUGH 3, GO TO **ETHNIC\_ORIGIN**. |

**HCA24000/(SP\_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 **SP\_RACE\_1** = 4 OR 4 AND ANY COMBINATION OF 1, 2, 3, 5, AND/OR -5 GO TO **SP\_RACE\_2**. * IF **SP\_RACE\_1** = 5 OR 5 AND ANY COMBINATION OF 1, 2, 3, AND/OR -5 GO TO **SP\_RACE\_3.** * OTHERWISE, GO TO **ETHNIC\_ORIGIN**. |

**HCA25000/(SP\_RACE\_2).** What is your spouse or partner’s 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 **SP\_RACE\_1** = 5 OR 5 AND ANY COMBINATION OF 1, 3, AND/OR -5 GO TO **SP\_RACE\_3**. * ELSE GO TO **ETHNIC\_ORIGIN**. |

**HCA26000/(SP\_RACE\_3).** What is your spouse or partner’s 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) |

**HCA27000/(ETHNIC\_ORIGIN).** Are you of Hispanic, Latino/a 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) |

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

**HCA28000/(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/a | 1 |  |
| Puerto Rican | 2 |  |
| Cuban | 3 |  |
| Another Hispanic, Latino/a, 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) |

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

**HCA29000/(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**. |

**HCA30000/(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 |  |

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

**HCA31000/(RACE\_NEW\_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 |
| * GO TO **PARTICIPANT\_SEX**. |

**HCA32000/(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 |  |

|  |
| --- |
| 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 THROUGH 3, GO TO **PARTICIPANT\_SEX**. * 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 THROUGH 3, GO TO **RACE\_3**. * IF **RACE\_1** = -5 OR ANY COMBINATION OF 1 THROUGH 5 AND -5, GO TO **RACE\_1\_OTH**. * IF **RACE\_1** =  -1 OR -2, DO NOT ALLOW ANY OTHER RESPONSES AND GO TO **PARTICIPANT\_SEX**. |

**HCA33000/(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, 5, AND/OR -5 GO TO **RACE\_2**. * IF **RACE\_1** = 5 OR 5 AND ANY COMBINATION OF 1, 2, 3, AND/OR -5 GO TO **RACE\_3**. * OTHERWISE, GO TO **PARTICIPANT\_SEX**. |

**HCA34000/(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) |

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| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **RACE\_1**= 5 OR 5 AND ANY COMBINATION OF 1, 2, 3, 4 AND/OR -5 GO TO **RACE\_3**. * OTHERWISE, GO TO **PARTICIPANT\_SEX**. |

**HCA35000/(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) |

**HCA36000/(PARTICIPANT\_SEX).** WHAT IS THE SEX OF THE MOTHER?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * DO NOT ADMINISTER TO PARTICIPANT. |

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

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

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

REACTIONS TO RACE

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

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

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

**RTR02000/(CLASSIFY\_RACE).** How do other people usually classify you in this country?

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

|  |
| --- |
| SOURCE |
| Behavioral Risk Factor Surveillance System (modified) |

**RTR03000/(CLASSIFY\_RACE\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| Behavioral Risk Factor Surveillance System Questionnaire |

**RTR04000/(OTHERS\_ETHNICITY).** Do other people usually classify your race in this country as Hispanic or Latina?

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

|  |
| --- |
| SOURCE |
| Behavioral Risk Factor Surveillance System Questionnaire (modified) |

**RTR05000/(THINK\_RACE).** How often do you think about your race?

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

|  |
| --- |
| SOURCE |
| Behavioral Risk Factor Surveillance System Questionnaire |

**RTR06000/(TREAT\_OTHER\_RACES).** Within the past 12 months, do you feel you were treated worse than, the same as, or better than people of other races?

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

|  |
| --- |
| SOURCE |
| Behavioral Risk Factor Surveillance System Questionnaire |

**RTR07000/(HCARE\_OTHER\_RACES).** Within the past 12 months, when seeking health care, do you feel your experiences were worse than, the same as, or better than for people of other races?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| WORSE THAN FOR PEOPLE OF OTHER RACES | 1 |  |
| THE SAME AS FOR PEOPLE OF OTHER RACES | 2 |  |
| BETTER THAN FOR PEOPLE OF OTHER RACES | 3 |  |
| NO HEALTH CARE IN THE PAST 12 MONTHS | -7 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Behavioral Risk Factor Surveillance System Questionnaire |

**RTR08000/(PHYSCIAL\_SX\_30D).** Within the past 30 days, have you experienced any physical symptoms as a result of how you were treated based on your race, for example, a headache, an upset stomach, tensing of your muscles, or a pounding heart?

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

|  |
| --- |
| SOURCE |
| Behavioral Risk Factor Surveillance System Questionnaire |

**RTR09000/(EMOT\_SX\_30D).** Within the past 30 days, have you felt emotionally upset as a result of how you were treated based on your race, for example, angry, sad, or frustrated?

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

|  |
| --- |
| SOURCE |
| Behavioral Risk Factor Surveillance System Questionnaire |

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

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

COMMUTING

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

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

**COM01000.** Next, I’ll be asking about commuting and how you travel from place to place.

**COM02000/(COMMUTE).** Think of the longest regular commute that you take, to work, school, or other places. By regular commute, I mean some place that you travel to at least 3 days a week. Since you became pregnant, how do you normally get to your destination?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * PROBE FOR ANY OTHER RESPONSES * SELECT ALL THAT APPLY |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| CAR | 1 |  |
| BUS | 2 |  |
| TRAIN, SUBWAY, RAIL, OR LIGHT RAIL | 3 |  |
| WALK, BIKE (NON-MOTORIZED) | 4 |  |
| DOES NOT HAVE A REGULAR COMMUTE | -7 |  |
| OTHER | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (T1 Mother) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **COMMUTE**=  -7, -1 OR -2, DO NOT ALLOW ANY OTHER RESPONSES AND  GO TO **LOCAL\_TRAV**. * IF **COMMUTE**= -5, OR ANY COMBINATION OF 1 THROUGH 4, AND -5, GO TO **COMMUTE\_OTH**. * IF **COMMUTE** = ANY COMBINATION OF 1 THROUGH 4, GO TO **COMMUTE\_TIME.** |

**COM03000/(COMMUTE\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (T1 Mother) |

**COM04000/(COMMUTE\_TIME).** About how many minutes is this commute, one way? Be sure to include any routine side trips you make on the way, such as stops at day care or school. {Include only the time spent driving or sitting inside the car, bus, train, subway, rail or light rail.}

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

NUMBER OF MINUTES

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

|  |
| --- |
| SOURCE |
| Avon Longitudinal Study of Parents and Children  Legacy: National Children’s Study, Legacy Phase (T1 Mother) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **COMMUTE** = ANY COMBINATION INCLUDING 1, 2, AND/OR 3, DISPLAY BRACKETED TEXT. * OTHERWISE, DO NOT DISPLAY BRACKETED TEXT. * DISPLAY SOFT EDIT IF RESPONSE > 60. |

**COM05000/(LOCAL\_TRAV).** Since you became pregnant, how do you normally get to other places, for example, shopping, doctor, visiting friends, or church?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * PROBE FOR ANY OTHER RESPONSES * SELECT ALL THAT APPLY. |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| CAR | 1 |  |
| BUS | 2 |  |
| TRAIN, SUBWAY, RAIL, OR LIGHT RAIL | 3 |  |
| WALK, BIKE (NON-MOTORIZED) | 4 |  |
| OTHER | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (T1 Mother) |

|  |
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| PROGRAMMER INSTRUCTIONS |
| * IF **LOCAL\_TRAV** = -1 OR -2, DO NOT ALLOW ANY OTHER RESPONSES AND  GO TO **COM07000**. * IF **LOCAL\_TRAV**= -5 OR ANY COMBINATION OF 1 THROUGH 4, AND -5, GO TO **LOCAL\_TRAV\_OTH**. * IF **LOCAL\_TRAV** = ANY COMBINATION OF 1 THROUGH 4, GO TO **COM07000**. |

**COM06000/(LOCAL\_TRAV\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (T1 Mother) |

**COM07000.** Next, I’d like to find out about how often you pump gasoline.

**COM08000/(PUMP\_GAS).** Since you became pregnant, about how often have you pumped or poured gasoline into a car, truck, motorcycle, other motor vehicle, lawnmower, or other engine?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Every day | 1 |  |
| 4-6 times per week | 2 |  |
| 2-3 times per week | 3 |  |
| Once a week | 4 |  |
| One to three times a month | 5 |  |
| Less than once a month | 6 |  |
| Never | 7 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (T1 Mother) |

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

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

PREGNANCY HEALTH CARE LOG INTRODUCTION

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

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

**PHC01000.** In order to help you keep track of your doctor visits or other health care provider visits during your pregnancy, we are {giving/mailing} you a Pregnancy Health Care Log. {You may be familiar with this log and have used one in the past.}  At each Study visit or telephone interview, we will ask you about any health care visits you had since the last Study visit or telephone interview. This log will help you remember that information. The Pregnancy Health Care Log has a Health Care Provider Log section for writing down information about your health care providers' address and phone numbers, and there is also a Health Care Visits and Overnight Hospital Stays section for keeping track of information about your health care visits and any diagnoses, procedures, or treatments.

It will be very helpful if you use the log to write down information any time that you receive health care, so that you will be able to remember it accurately during your NCS Study visits or telephone interviews.

|  |
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| INTERVIEWER INSTRUCTIONS |
| * EXPLAIN PREGNANCY HEALTH CARE LOG. |

|  |
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| PROGRAMMER INSTRUCTIONS |
| * IF MODE = CAPI, DISPLAY “giving.” * OTHERWISE, IF MODE = CATI, DISPLAY “mailing.” * IF SUBSEQUENT PREGNANCY VISIT 1 INTERVIEW (I.E., AT LEAST ONE PREVIOUS PREGNANCY VISIT 1 INTERVIEW SET TO COMPLETE), DISPLAY “ You may be familiar with this log and have used one in the past.” |

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

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

IMMIGRATION STATUS

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

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

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

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

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

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * PROBE, “Was this in the United States?” * VERIFY THE SPELLING OF THE CITY, STATE, AND COUNTRY. |

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

**(BORN\_CITY)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY

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

**(BORN\_STATE)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE/PROVINCE/TERRITORY

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

**(BORN\_COUNTRY)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COUNTRY

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

**IS03000/(BORN\_COUNTRY\_INTERVIEW).** WHERE WAS PARTICIPANT BORN?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * US TERRITORIES INCLUDE PUERTO RICO, GUAM, AMERICAN SAMOA, AND MARSHALL ISLANDS. |

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **BORN\_COUNTRY\_INTERVIEW** = 1, SET **US\_CITIZEN** = 1 AND GO TO **IS12000.** * OTHERWISE, GO TO **US\_YEAR.** |

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

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

YEAR

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

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY HARD EDIT "YEAR CANNOT BE GREATER THAN CURRENT YEAR" IF RESPONSE > CURRENT YEAR. * IF **BORN\_COUNTRY\_INTERVIEW** = 2, SET **US\_CITIZEN** = 1 AND GO TO **IS12000.** * OTHERWISE, GO TO **US\_CITIZEN**. |

**IS05000/(US\_CITIZEN).** Are you a citizen of the United States?

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

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

**IS06000/(CITIZEN\_HOW).** How did you become a citizen of the United States?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Born abroad to American citizen parents | 1 | IS12000 |
| Naturalization | 2 | IS12000 |
| Through naturalization of one or both parents | 3 | IS12000 |
| Through own spouse's military service | 4 | IS12000 |
| Adopted by U.S. citizen parents | 5 | IS12000 |
| REFUSED | -1 | IS12000 |
| DON'T KNOW | -2 | IS12000 |

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

**IS07000/(GREEN\_CARD).** Do you currently have a permanent residence card or a green card?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 | IS12000 |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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

**IS08000/(GRANT\_ASYLUM).** Have you been granted asylum, refugee status, or temporary protected immigrant status (TPS)?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 | IS12000 |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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

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

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 | IS12000 |
| REFUSED | -1 | IS12000 |
| DON'T KNOW | -2 | IS12000 |

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

**IS10000/(VISA\_VALID).** Is the visa or document still valid or has it expired?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| STILL VALID | 1 | IS12000 |
| HAS EXPIRED | 2 | IS12000 |
| REFUSED | -1 | IS12000 |
| DON'T KNOW | -2 | IS12000 |

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

**IS11000.** Again, I’d like to say how sorry I am for your loss. {We’ll send the information packet you requested as soon as possible.} Please accept our condolences. Thank you for your time.

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * DO NOT OFFER SAQS. * END INTERVIEW |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF**LOSS\_INFO** = 1, DISPLAY “We’ll send the information packet you requested as soon as possible.” * GO TO **TIME\_STAMP\_IS\_ET.** |

**IS12000.** Thank you for participating in the National Children’s Study and for taking the time to complete this survey. This concludes the interview.

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * EXPLAIN SAQ AND RETURN PROCESS * END INTERVIEW. |

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

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