

Pregnancy Visit 2 Questionnaire - Adult

|  |  |
| --- | --- |
| Event Category: | Trigger-Based |
| Event: | PV2 |
| 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: | 10 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.

This page intentionally left blank.

Pregnancy Visit 2 Questionnaire - Adult

TABLE OF CONTENTS

[GENERAL PROGRAMMER INSTRUCTIONS: 1](#_Toc371093410)

[CURRENT PREGNANCY INFORMATION 3](#_Toc371093411)

[BABY'S FATHER IDENTIFICATION 17](#_Toc371093412)

[EMPLOYMENT 22](#_Toc371093413)

[SOCIAL SUPPORT 26](#_Toc371093414)

[HEALTH INSURANCE 29](#_Toc371093415)

[CLOSING SCRIPTS 32](#_Toc371093416)

This page intentionally left blank.

Pregnancy Visit 2 Questionnaire - Adult

GENERAL PROGRAMMER INSTRUCTIONS:

WHEN PROGRAMMING INSTRUMENTS, VALIDATE FIELD LENGTHS AND TYPES AGAINST THE MDES TO ENSURE DATA COLLECTION RESPONSES DO NOT EXCEED THOSE OF THE MDES. SOME GENERAL ITEM LIMITS USED ARE AS FOLLOWS:

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

**Instrument Guidelines for Participant and Respondent IDs:**

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

POSTNATALLY, A RESPONDENT ID WILL BE USED IN ADDITION TO THE PARTICIPANT ID BECAUSE SOMEBODY OTHER THAN THE PARTICIPANT MAY BE COMPLETING THE INTERVIEW. FOR EXAMPLE, THE PARTICIPANT MAY BE THE CHILD AND THE RESPONDENT MAY BE THE MOTHER, FATHER, OR ANOTHER CAREGIVER. THEREFORE, MDES VERSION 2.2 AND ALL FUTURE VERSIONS CONTAIN A **R\_P\_ID** (RESPONDENT PARTICIPANT ID) HEADER FIELD FOR EACH POST-BIRTH INSTRUMENT. THIS WILL ALLOW ROCs TO INDICATE WHETHER THE RESPONDENT IS SOMEBODY OTHER THAN THE PARTICIPANT ABOUT WHOM THE QUESTIONS ARE BEING ASKED.

**A REMINDER:**

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

CURRENT PREGNANCY INFORMATION

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP * PRELOAD PARTICIPANT ID **(P\_ID)** FOR PREGNANT WOMAN. * PRELOAD **MULTIPLE\_GESTATION** FROM PREGNANCY VISIT 1 INTERVIEW. * IF **MULTIPLE\_GESTATION** = 2 OR 3 IN PREGNANCY VISIT 1 INTERVIEW, DISPLAY  "babies" AS APPROPRIATE THROUGHOUT INSTRUMENT. * IF **MULTIPLE\_GESTATION** = 1, -1, OR -2 IN PREGNANCY VISIT 1 INTERVIEW, DISPLAY "baby" APPROPRIATE THROUGHOUT THE INSTRUMENT. * PRELOAD **F\_F\_NAME, F\_L\_NAME, CONTACT\_F\_LATER** AND **FATHER\_KNOW\_PREG** FROM PREGNANCY VISIT 1 SAQ. |

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

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

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

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 | CPI05000 |
| NO | 2 |  |
| REFUSED | -1 | CS02000 |
| DON'T KNOW | -2 | CS02000 |

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

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

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

**CPI04000/(LOSS\_INFO).** INTERVIEWER-ANSWERED QUESTION:   DID PARTICIPANT REQUEST ADDITIONAL INFORMATION ON COPING WITH PREGNANCY LOSS?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 | CS01000 |
| NO | 2 | CS01000 |

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

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

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

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

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

     M        M

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

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

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

     D        D

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

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

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

    Y      Y       Y       Y

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * PERFORM A SOFT EDIT CHECK OF REPORTED DUE DATE AGAINST CURRENT DATE; DISPLAY APPROPRIATE MESSAGE:   + 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**AND **DUE\_DATE\_DD**≠ -1 AND IF **DUE\_DATE\_YYYY** ≠ -1 OR -2, GO TO **DATE\_KNOWN**. |

**CPI06000/(DATE\_KNOWN).** DID PARTICIPANT GIVE DATE?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| PARTICIPANT GAVE COMPLETE DATE | 1 |  |
| PARTICIPANT GAVE PARTIAL DATE | 2 |  |

**CPI07000/(BPLAN\_CHANGE).** Has the place where you plan to deliver your {baby/babies} changed since we last spoke with you?

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

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

**CPI08000/(BIRTH\_PLAN).** {So we make sure we have the correct information,} Where do you plan to deliver your {baby/babies}?

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **BPLAN\_CHANGE** = 2, DISPLAY "So we make sure we have the correct information," |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| In a hospital | 1 |  |
| A birthing center | 2 |  |
| At home | 3 | USE\_PR\_LOG |
| Some other place | 4 |  |
| REFUSED | -1 | USE\_PR\_LOG |
| DON"T KNOW | -2 | USE\_PR\_LOG |

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

**CPI09000.** What is the name and address of the place where you are planning to deliver your {baby/babies}?

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

**(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 |  |
| DON'T KNOW | -2 |  |

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

ADDRESS 2

|  |  |  |
| --- | --- | --- |
| 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 | 0 |  |

**CPI10000/(USE\_PR\_LOG).** Are you using the Pregnancy Health Care Log?  This is the booklet that you or your health care provider (doctor, midwife, nurse, etc.) uses to record information about your medical visits.

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 | NUM\_PROV\_PR\_LOG |
| NO | 2 |  |
| REFUSED | -1 | CPI17000 |
| DON'T KNOW | -2 | CPI17000 |

|  |
| --- |
| SOURCE |
| National Children's Study, Vanguard Phase (18M, 24M) (modified) |

**CPI11000/(REASON\_NO\_PR\_LOG).** Is that because . . .

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF THE PREGNANT WOMAN REPORTS THEY HAVE "misplaced the log," DISTRIBUTE A NEW LOG OR OFFER TO MAIL ONE. |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| You haven't had a medical visit since our last interview | 1 | CPI17000 |
| You've misplaced the log | 2 | CPI17000 |
| You've forgotten to bring it to your medical visits | 3 | CPI14000 |
| The log was too much trouble to complete | 4 | CPI14000 |
| The log was too difficult to understand | 5 | CPI17000 |
| OTHER | -5 |  |
| REFUSED | -1 | CPI14000 |
| DON'T KNOW | -2 | CPI14000 |

|  |
| --- |
| SOURCE |
| National Children's Study, Vanguard Phase (18M, 24M) (modified) |

**CPI12000/(REASON\_NO\_PR\_LOG\_OTH).** SPECIFY:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| National Children's Study, Vanguard Phase (18M, 24M) (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * GO TO **CPI17000.** |

**CPI14000.** This information is very important to the study.  Please keep the log in a safe place and bring the log with you to all of your medical visits.

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * GO TO **CPI17000**. |

**CPI15000/(NUM\_PROV\_PR\_LOG).** How many health care providers have you seen since using this Pregnancy Health Care Log?

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

NUMBER OF PROVIDERS

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

|  |
| --- |
| SOURCE |
| National Children's Study, Vanguard Phase (18M, 24M) (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **NUM\_PROV\_PR\_LOG**= 0, -1 OR -2, GO TO **CPI17000.** * OTHERWISE, GO TO **​NUM\_PROV\_REC.** |

**CPI16000/(NUM\_PROV\_REC).** Of those providers that you have seen, for how many providers have you recorded contact information such as their address or phone number?

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

NUMBER OF CONTACTS

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

|  |
| --- |
| SOURCE |
| National Children's Study, Vanguard Phase (18M, 24M) (modified) |

**CPI17000.** I am now going to ask some questions about visits to a doctor or other health care provider, such as a midwife or nurse. You may want to refer to {the Pregnancy Health Care Log that you received as part of this study or to} any other personal record or calendar that you keep that would help you to remember the dates of these visits. If you have this information available, please go and get it now.

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY TEXT IN BRACKETS IN **CPI17000** IF **USE\_PR\_LOG** = 1. |

**CPI18000.** What was the date of your most recent doctor's visit or checkup since you've become pregnant?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * SHOW CALENDAR TO ASSIST IN DATE RECALL. * ENTER A TWO-DIGIT MONTH, TWO-DIGIT DAY, AND A FOUR-DIGIT YEAR. |

|  |
| --- |
| SOURCE |
| National Children's Study, Legacy Phase (T1 Mother, T3 Prior) |

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

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

    M        M

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

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

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

     D       D

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

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

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

   Y       Y       Y       Y

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **USE\_PR\_LOG** = 1 AND IF **DATE\_VISIT\_MM, DATE\_VISIT\_DD,**AND **DATE\_VISIT\_YYYY**≠ -1 OR -7, GO TO **CPI19000.** * OTHERWISE, GO TO **CPI20000.** |

**CPI19000.** If you haven't yet done so, please put a check mark in the box next to the visit you just told me about in your Pregnancy Health Care Log.

**CPI20000.** {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?

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

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

**CPI21000/(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 (NHANES) (modified) |

**CPI22000/(HIGHBP\_PREG).** High blood pressure?

|  |
| --- |
| 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 (NHANES) (modified) |

**CPI23000/(URINE).** Protein in your urine?

|  |
| --- |
| 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 (NHANES) (modified) |

**CPI24000/(PREECLAMP).** Preeclampsia or toxemia?

|  |
| --- |
| 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 (NHANES) (modified) |

**CPI25000/(EARLY\_LABOR).** Early or premature labor?

|  |
| --- |
| 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 (NHANES) (modified) |

**CPI26000/(ANEMIA).** Anemia or low blood count?

|  |
| --- |
| 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 (NHANES) (modified) |

**CPI27000/(NAUSEA).** Severe nausea or vomiting, also called hyperemesis?

|  |
| --- |
| 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 (NHANES) (modified) |

**CPI28000/(KIDNEY).** Bladder or kidney infection?

|  |
| --- |
| 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 (NHANES) (modified) |

**CPI29000/(RH\_DISEASE).** Rh disease or isoimmunization?

|  |
| --- |
| 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 (NHANES) (modified) |

**CPI30000/(GROUP\_B).** Infection with a bacteria called Group B strep?

|  |
| --- |
| 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 (NHANES) (modified) |

**CPI31000/(HERPES).** Infection with a Herpes virus?

|  |
| --- |
| 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 (NHANES) (modified) |

**CPI32000/(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 (NHANES) (modified) |

**CPI33000/(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 | HOSPITAL |
| REFUSED | -1 | HOSPITAL |
| DON'T KNOW | -2 | HOSPITAL |

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

**CPI34000/(CONDITION\_OTH).** SPECIFY:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**CPI35000/(HOSPITAL).** Since you've been pregnant, have you spent at least one night in the hospital?

|  |  |  |
| --- | --- | --- |
| 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 |
| Pregnancy Risk Assessment Monitoring System |

**CPI36000.** What was the admission date of your most recent hospital stay?

|  |
| --- |
| SOURCE |
| National Children's Study, Legacy Phase (T1 Mother, T3 Prior) |

**(ADMIN\_DATE\_MM)** MONTH:

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

     M       M

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| HAVE NOT BEEN HOSPITALIZED OVERNIGHT/NOT APPLICABLE | -7 | TIME\_STAMP\_CPI\_ET |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**(ADMIN\_DATE\_DD)** DAY:

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

     D       D

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

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

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

    Y       Y       Y      Y

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

**CPI37000/(HOSP\_NIGHTS).** How many nights did you stay in the hospital during this hospital stay?

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

NUMBER OF NIGHTS

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * CONFIRM RESPONSE |

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

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

**CPI38000/(DIAGNOSE).** Did a doctor or other health care provider give you a diagnosis during this hospital stay?

|  |  |  |
| --- | --- | --- |
| 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 Children's Study, Legacy Phase (T1 Mother, T3 Prior) |

**CPI39000/(DIAGNOSE\_2).** What was the diagnosis?

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

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| DEHYDRATION | 1 |  |
| PRETERM LABOR | 2 |  |
| HYPEREMESIS | 3 |  |
| PREECLAMPSIA | 4 |  |
| RUPTURE OF MEMBRANES | 5 |  |
| KIDNEY DISORDER | 6 |  |
| OTHER | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **DIAGNOSE\_2** = ANY COMBINATION OF 1 - 6 AND   + IF **USE\_PR\_LOG** = 1, GO TO **CPI41000.**   + IF **USE\_PR\_LOG** = 2, -1, OR -2, GO TO **TIME\_STAMP\_CPI\_ET**. * IF **DIAGNOSE\_2** = -5, OR ANY COMBINATION OF VALUES 1 - 6 AND -5, GO TO **DIAGNOSIS\_OTH**. * IF **DIAGNOSE\_2** = -1 OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES AND   + IF **USE\_PR\_LOG** = 1, GO TO **CPI41000**.   + IF **USE\_PR\_LOG** - 2, -1, OR -2, **TIME\_STAMP\_CPI\_ET**. |

**CPI40000/(DIAGNOSIS\_OTH).** SPECIFY:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **USE\_PR\_LOG** = 1, GO TO **CPI41000**. * OTHERWISE, GO TO **TIME\_STAMP\_CPI\_ET**. |

**CPI41000.** If you haven't yet, please put a check mark in the box next to the visit you just told me about in your Pregnancy Health Care Log.

|  |
| --- |
| SOURCE |
| National Children's Study, Vanguard Phase (18M, 24M) |

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

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

BABY'S FATHER IDENTIFICATION

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP. * IF**FATHER\_KNOW\_PREG** = 2 AND **CONTACT\_F\_LATER** = 1 IN PREGNANCY VISIT 1 SAQ, GO TO **BFI01000**. * OTHERWISE, GO TO **TIME\_STAMP\_BFI\_ET**. |

**BFI01000.** Part of the National Children's Study includes a planned study visit with the baby's father.

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **F\_F\_NAME** AND **F\_L\_NAME** COLLECTED IN PREGNANCY VISIT 1 SAQ AND ≠ -1 OR -2, GO TO **FATHER\_NAME\_CONFIRM.** * OTHERWISE, IF **F\_F\_NAME** AND **F\_L\_NAME**NOT COLLECTED IN PREGNANCY VISIT 1 SAQ OR IF = -1 OR -2, GO TO **BFI03000**. |

**BFI02000/(FATHER\_NAME\_CONFIRM).** Just to confirm, is the first name of your baby's father {**F\_F\_NAME**}?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 | FATHER\_SAME\_HH |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Survey of Child and Adolescent Well-Being Caregiver Interview (NSCAW) (modified); Saving for Education, Entrepreneurship and Down Payment for Oklahoma Kids (SEED) Baseline and Follow-Up Interview; and National Longitudinal Survey of Youth (NLSY). |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY **F\_F\_NAME** FROM PV1 SAQ. * IF **FATHER\_NAME\_CONFIRM** = 1,  DISPLAY **F\_F\_NAME** THROUGHOUT INSTRUMENT. * OTHERWISE, DISPLAY "the father of your baby" OR "the father" AS APPROPRIATE THROUGHOUT THE INSTRUMENT. |

**BFI03000.** What is the father's first and last name?

|  |
| --- |
| SOURCE |
| National Survey of Child and Adolescent Well-Being Caregiver Interview (NSCAW) (modified); National Longitudinal Survey of Youth (NLSY) (modified) |

**(F\_F\_NAME)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FIRST NAME

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

**(F\_L\_NAME)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LAST NAME

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **F\_F\_NAME**≠ -1 OR -2**,** DISPLAY **F\_F\_NAME** THROUGHOUT INSTRUMENT. * OTHERWISE, DISPLAY "the father of your baby" OR "the father" AS APPROPRIATE THROUGHOUT THE INSTRUMENT. |

**BFI04000/(FATHER\_SAME\_HH).** Is {**F\_F\_NAME**/the father of your baby} living in the same household as you?

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Study, Birth Cohort (modified) |

**BFI05000/(FATHER\_KNOW\_PREG).** Is {**F\_F\_NAME**/the father} aware of your pregnancy?

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

|  |
| --- |
| SOURCE |
| National Children's Study, Vanguard Phase (PV1 SAQ) |

**BFI06000/(CONTACT\_F\_NOW).** May we have your permission to contact {**F\_F\_NAME**/the father} and invite him to participate in the Study?

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

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

**BFI07000.** What is {**F\_F\_NAME**/the father}'s home address?

|  |
| --- |
| SOURCE |
| National Children's Study, Vanguard Phase (PV1 SAQ) |

**(F\_ADDR1\_2)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS 1 - STREET/PO BOX

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

**(F\_ADDR2\_2)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS 2

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

**(F\_UNIT\_2)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UNIT

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

**(F\_CITY\_2)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY

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

**(F\_STATE\_2)** |\_\_\_\_\_|\_\_\_\_\_|

STATE

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

**(F\_ZIPCODE\_2)** |\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|

ZIP CODE

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

**(F\_ZIP4\_2)** |\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|

ZIP4

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

**BFI08000/(F\_PHONE).** What is {F\_F\_NAME/the father}'s telephone number?

|\_\_\_\_|\_\_\_\_|\_\_\_\_|  -  |\_\_\_\_|\_\_\_\_|\_\_\_\_|  -  |\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF FATHER HAS NO TELEPHONE, ASK FOR TELEPHONE NUMBER WHERE HE RECEIVES CALLS. |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |
| FATHER HAS NO TELEPHONE | -7 |  |

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

**BFI09000/(F\_EMAIL).** What is the best email address to reach {**F\_F\_NAME**/the father}?

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

EMAIL ADDRESS

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |
| FATHER HAS NO EMAIL ADDRESS | -7 |  |

|  |
| --- |
| SOURCE |
| National Children's Study, Legacy Phase (6M) |

**BFI10000/(F\_AGE).** What is {**F\_F\_NAME**/the father}'s age?

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

AGE IN YEARS

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

|  |
| --- |
| SOURCE |
| National Children's Study, Vanguard Phase (PV1 SAQ) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **F\_AGE** ≥ LOCAL AGE OF MAJORITY, GO TO **TIME\_STAMP\_BFI\_ET.** * IF **F\_AGE** < AGE OF MAJORITY, GO TO **BFI12000.** * OTHERWISE, IF **F\_AGE** = -1 OR -2, GO TO **F\_AGE\_MAJORITY.** |

**BFI11000/(F\_AGE\_MAJORITY).** Is the father {LOCAL AGE OF MAJORITY} or older?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * EXPLAIN HOW THE ANSWER TO THIS QUESTION DETERMINES THE FATHER'S ELIGIBILITY AND THAT ALL DATA ARE KEPT CONFIDENTIAL AND SECURE. |

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

|  |
| --- |
| SOURCE |
| New |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * PRELOAD LOCAL AGE OF MAJORITY |

**BFI12000.** Because the father is legally considered a minor, we will not contact him to participate in the Study at this time.

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

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

EMPLOYMENT

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

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

**EMP01000.** Now, I’d like to ask some questions about your current employment status.

**EMP02000.** The next questions may be similar to those asked the last time we spoke, but we are asking them again because sometimes the answers change.

**EMP03000/(WORK\_CURRENTLY).** Are you currently employed?

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

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

**EMP04000/(HOURS).** Approximately how many hours each week are you working?

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

NUMBER OF HOURS

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

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

|  |
| --- |
| SOURCE |
| Pregnancy, Infection, and Nutrition Study (modified) |

**EMP05000/(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) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **WORK\_NAME** PREVIOUSLY COLLECTED AND ≠ -1 OR -2, GO TO **WORK\_NAME\_CONFIRM**. * IF **WORK\_NAME** NOT PREVIOUSLY COLLECTED OR = -1 OR -2, GO TO **WORK\_NAME**. |

**EMP06000/(WORK\_NAME\_CONFIRM).** Let me confirm the name of the place where you work.  I have it as {PARTICIPANT’S WORK PLACE NAME}.  Is this correct?

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

|  |
| --- |
| SOURCE |
| Evaluation of the Community Health Marriage Incentive and National Longitudinal Survey of Youth (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * PRELOAD WORK PLACE NAME FROM **WORK\_NAME** IN PREGNANCY VISIT 1 INTERVIEW. * IF **WORK\_NAME\_CONFIRM** = 1, GO TO PROGRAMMER INSTRUCTIONS FOLLOWING **WORK\_NAME**. * OTHERWISE, IF **WORK\_NAME\_CONFIRM** = 2, -1, OR -2, GO TO **WORK\_NAME**. |

**EMP07000/(WORK\_NAME).** What is the name of the place where you work?

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

|  |  |  |
| --- | --- | --- |
| 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) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **WORK\_ADDRESS\_1, WORK\_ADDRESS\_2, WORK\_UNIT, WORK\_CITY, WORK\_STATE, WORK\_ZIP,**AND **WORK\_ZIP4** NOT COLLECTED PREVIOUSLY OR = -1 OR -2, GO TO **EMP09000**. * IF **WORK\_ADDRESS\_1, WORK\_ADDRESS\_2, WORK\_UNIT, WORK\_CITY, WORK\_STATE, WORK\_ZIP,**AND **​WORK\_ZIP4** COLLECTED PREVIOUSLY AND ≠ -1 OR -2, GO TO **WORK\_ADDRESS\_VARIABLES\_CONFIRM**. |

**EMP08000/(WORK\_ADDRESS\_VARIABLES\_CONFIRM).** Let me confirm your work address. I have it as {PARTICIPANT’S WORK ADDRESS}. Is this correct?

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

|  |
| --- |
| SOURCE |
| Evaluation of the Community Health Marriage Incentive and National Longitudinal Survey of Youth (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * PRELOAD AND DISPLAY WORK PLACE ADDRESS AS **WORK\_ADDRESS\_1, WORK\_ADDRESS\_2, WORK\_UNIT, WORK\_CITY, WORK\_STATE, WORK\_ZIP,**AND **WORK\_ZIP4** FROM PREGNANCY VISIT 1. |

**EMP09000.** What is the address where you work?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * PROBE AND ENTER AS MUCH INFORMATION AS PARTICIPANT KNOWS. |

|  |
| --- |
| SOURCE |
| Evaluation of the Community Health Marriage Incentive and National Longitudinal Survey of Youth (modified) |

**(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 |  |

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

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

SOCIAL SUPPORT

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

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

**SS01000.** The following questions ask about your feelings and thoughts during the last month. For the following questions, please refer to the card and choose the answer that best describes your life now.

**SS02000/(LISTEN).** How often is there someone available to you whom you can count on to listen to you when you need to talk?

|  |
| --- |
| 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 |
| NONE OF THE TIME | 1 |  |
| A LITTLE OF THE TIME | 2 |  |
| SOME OF THE TIME | 3 |  |
| MOST OF THE TIME | 4 |  |
| ALL OF THE TIME | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Medical Outcomes Study (modified) |

**SS03000/(ADVICE).** How often is there someone available to give you good advice about a problem?

|  |
| --- |
| 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 |
| NONE OF THE TIME | 1 |  |
| A LITTLE OF THE TIME | 2 |  |
| SOME OF THE TIME | 3 |  |
| MOST OF THE TIME | 4 |  |
| ALL OF THE TIME | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Medical Outcomes Study (modified) |

**SS04000/(AFFECTION).** How often is there someone available to you who shows you love and affection?

|  |
| --- |
| 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 |
| NONE OF THE TIME | 1 |  |
| A LITTLE OF THE TIME | 2 |  |
| SOME OF THE TIME | 3 |  |
| MOST OF THE TIME | 4 |  |
| ALL OF THE TIME | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Medical Outcomes Study (modified) |

**SS05000/(DAILY\_HELP).** How often is there someone available to help you with daily chores?

|  |
| --- |
| 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 |
| NONE OF THE TIME | 1 |  |
| A LITTLE OF THE TIME | 2 |  |
| SOME OF THE TIME | 3 |  |
| MOST OF THE TIME | 4 |  |
| ALL OF THE TIME | 5 |  |
| REFUSED | 1 |  |
| DON'T KNOW | 2 |  |

|  |
| --- |
| SOURCE |
| Medical Outcomes Study (modified) |

**SS06000/(EMOT\_SUPPORT).** How often can you count on anyone to provide you with emotional support (talking over problems or helping you make a difficult decision)?

|  |
| --- |
| 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 |
| NONE OF THE TIME | 1 |  |
| A LITTLE OF THE TIME | 2 |  |
| SOME OF THE TIME | 3 |  |
| MOST OF THE TIME | 4 |  |
| ALL OF THE TIME | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Medical Outcomes Study (modified) |

**SS07000/(AMT\_SUPPORT).** How often do you have as much contact as you would like with someone you feel close to, someone in whom you can trust and confide?

|  |
| --- |
| 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 |
| NONE OF THE TIME | 1 |  |
| A LITTLE OF THE TIME | 2 |  |
| SOME OF THE TIME | 3 |  |
| MOST OF THE TIME | 4 |  |
| ALL OF THE TIME | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Medical Outcomes Study (modified) |

**(TIME\_STAMP\_SS\_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 the subject and ask about health insurance.  The next questions are similar to those asked the last time we contacted you, but we are asking them again because sometimes the answers change.

**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) |

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

|  |
| --- |
| SOURCE |
| American Community Survey 2006 (modified) |

**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) |

**HI05000/(INS\_MEDICAID).** Medicaid or any government-assistance plan for those with low incomes or a disability?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * PROVIDE EXAMPLES OF LOCAL MEDICAID PROGRAMS * 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) |

**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) |

**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) |

**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) |

**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) |

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

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

CLOSING SCRIPTS

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP * IF **PREGNANT** = 2, GO TO **CS01000**. * OTHERWISE, GO TO **CS02000**. |

**CS01000.** 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 BRACKETED TEXT:  We’ll send the information packet you requested as soon as possible. * GO TO **TIME\_STAMP\_CS\_ET.** |

**CS02000.** Thank you for participating in the National Children’s Study and for taking the time to complete this survey. This concludes the interview.

|  |
| --- |
| DATA COLLECTOR INSTRUCTIONS |
| * EXPLAIN SAQS AND RETURN PROCESS. * END INTERVIEW. |

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

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