

Pregnancy Visit 2 Questionnaire - Household

|  |  |
| --- | --- |
| Event Category: | Trigger-Based |
| Event: | PV2 |
| Administration: | N/A |
| Instrument Target: | Pregnant Woman's Residence |
| 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: | 5 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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GENERAL PROGRAMMER INSTRUCTIONS:

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

|  |  |  |  |
| --- | --- | --- | --- |
| **DATA ELEMENT FIELDS** | **MAXIMUM CHARACTERS PERMITTED** | **DATA TYPE** | **PROGRAMMER INSTRUCTIONS** |
| ADDRESS AND EMAIL FIELDS | 100 | CHARACTER |  |
| UNIT AND PHONE FIELDS | 10 | CHARACTER |  |
| \_OTH AND COMMENT FIELDS | 255 | CHARACTER | * Limit text to 255 characters
 |
| FIRST NAME AND LAST NAME | 30 | CHARACTER | * Limit text to 30 characters
 |
| ALL ID FIELDS | 36 | CHARACTER |  |
| ZIP CODE | 5 | NUMERIC |  |
| ZIP CODE LAST FOUR | 4 | NUMERIC |  |
| CITY | 50 | CHARACTER |  |
| DOB AND ALL OTHER DATE FIELDS (E.G., DT, DATE, ETC.) | 10 | NUMERICCHARACTER | * DISPLAY AS MM/DD/YYYY
* STORE AS YYYY-MM-DD
* HARD EDITS:

MM MUST EQUAL 01 TO 12DD MUST EQUAL 01 TO 31YYYY MUST BE BETWEEN 1900 AND CURRENT YEAR. |
| TIME VARIABLES | TWO-DIGIT HOUR AND TWO-DIGIT MINUTE, AM/PM DESIGNATION | NUMERIC | * HARD EDITS:

HOURS MUST BE BETWEEN 00 AND 12; MINUTES MUST BE BETWEEN 00 AND 59 |

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

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

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

**A REMINDER:**

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

HOUSING CHARACTERISTICS

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP
* PRELOAD PREGNANT WOMAN'S HOUSEHOLD ID (**HH\_ID)**​AND RESPONDENT ID **(R\_P\_ID)** FOR PREGNANT WOMAN.
 |

**HC01000.** Now I’d like to find out more about your home and the area in which you live.

**HC02000/(RECENT\_MOVE).** Have you moved or changed your housing situation since we last spoke with you?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 | HC07000 |
| REFUSED | -1 | HC07000 |
| DON'T KNOW | -2 | HC07000 |

|  |
| --- |
| SOURCE |
| National Children's Study, Legacy Phase (P1 Mother, T1 Mother) |

**HC03000/(OWN\_HOME).** Is your home . . .

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Owned or being bought by you or someone in your household | 1 | AGE\_HOME |
| Rented by you or someone in your household | 2 | AGE\_HOME |
| Occupied without payment of rent | 3 | AGE\_HOME |
| SOME OTHER ARRANGEMENT | -5 |  |
| REFUSED | -1 | AGE\_HOME |
| DON'T KNOW | -2 | AGE\_HOME |

|  |
| --- |
| SOURCE |
| Survey of Income and Program Participation |

**HC04000/(OWN\_HOME\_OTH).** SPECIFY:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| Survey of Income and Program Participation |

**HC05000/(AGE\_HOME).** Which of these categories best describes when your home or building was built?

|  |
| --- |
| 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 |
| 2001 OR LATER | 1 |  |
| 1981 TO 2000 | 2 |  |
| 1961 TO 1980 | 3 |  |
| 1941 TO 1960 | 4 |  |
| 1940 OR BEFORE | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| --- |
| SOURCE |
| National Survey of Lead and Allergens in Housing (modified) |

**HC06000.** How long have you lived in this home?

|  |
| --- |
| SOURCE |
| National Survey of Lead and Allergens in Housing |

**(LENGTH\_RESIDE)** |\_\_\_\_\_|\_\_\_\_\_|

NUMBER

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

**(LENGTH\_RESIDE\_UNIT)**

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| WEEKS | 1 |  |
| MONTHS | 2 |  |
| YEARS | 3 |  |

**HC07000.** Now I’m going to ask about how your home is heated and cooled.

**HC08000/(MAIN\_HEAT).** Which of these types of heat sources best describes the main heating fuel source for your home?

|  |
| --- |
| 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 |
| ELECTRIC | 1 | HEAT2 |
| GAS - PROPANE OR LP | 2 | HEAT2 |
| OIL | 3 | HEAT2 |
| WOOD | 4 | HEAT2 |
| KEROSENE OR DIESEL | 5 | HEAT2 |
| COAL OR COKE | 6 | HEAT2 |
| SOLAR ENERGY | 7 | HEAT2 |
| HEAT PUMP | 8 | HEAT2 |
| NO HEATING SOURCE | 9 | COOLING |
| OTHER | -5 |  |
| REFUSED | -1 | COOLING |
| DON'T KNOW | -2 | COOLING |

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| --- |
| SOURCE |
| American Healthy Homes Survey |

**HC09000/(MAIN\_HEAT\_OTH).** SPECIFY:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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| --- |
| SOURCE |
| American Healthy Homes Survey |

**HC10000/(HEAT2).** Are there any other types of heat you use regularly during the heating season to heat your home?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
* PROBE:  Do you have any space heaters, or any secondary method for heating your home?
* SELECT ALL THAT APPLY.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| ELECTRIC | 1 |  |
| GAS - PROPANE OR LP | 2 |  |
| OIL | 3 |  |
| WOOD | 4 |  |
| KEROSENE OR DIESEL | 5 |  |
| COAL OR COKE | 6 |  |
| SOLAR ENERGY | 7 |  |
| HEAT PUMP | 8 |  |
| NO OTHER HEATING SOURCE | 9 |  |
| OTHER | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| --- |
| SOURCE |
| American Healthy Homes Survey |

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| PROGRAMMER INSTRUCTIONS |
| * IF **HEAT2** = ANY COMBINATION OF VALUES 1 - 8, GO TO **COOLING**.
* IF **HEAT2**= -5, OR ANY COMBINATION OF VALUES 1 - 8 AND -5, GO TO **HEAT2\_OTH**.
* IF **HEAT2** = 9, -1 OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES AND GO TO **COOLING.**
 |

**HC11000/(HEAT2\_OTH).** SPECIFY:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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| SOURCE |
| American Healthy Homes Survey |

**HC12000/(COOLING).** Does your home have any type of cooling or air conditioning besides fans?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 | HC15000 |
| REFUSED | -1 | HC15000 |
| DON'T KNOW | -2 | HC15000 |

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

**HC13000/(COOL).** Not including fans, which of the following kinds of cooling systems do you regularly use?

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

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Window or wall air conditioners | 1 |  |
| Central air conditioning | 2 |  |
| Evaporative cooler, also called swamp cooler | 3 |  |
| NO COOLING OR AIR CONDITIONING REGULARLY USED | 4 |  |
| Some other cooling system | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| National Survey of Lead and Allergens in Housing and American Healthy Homes Survey |

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| PROGRAMMER INSTRUCTIONS |
| * IF **COOL** = ANY COMBINATION OF VALUES 1-3, GO TO **HC15000**
* IF **COOL** = -5, OR ANY COMBINATION OF VALUES 1-3 AND -5, GO TO **COOL\_OTH.**
* IF **COOL** = 4, -1 OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES AND GO TO **HC15000.**
 |

**HC14000/(COOL\_OTH).** SPECIFY:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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| SOURCE |
| National Survey of Lead and Allergens in Housing and American Healthy Homes Survey |

**HC15000.** Now I’d like to ask about the water in your home.

**HC16000/(WATER\_DRINK).** What water source in your home do you use most of the time for drinking?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Tap water | 1 | WATER\_COOK |
| Filtered tap water | 2 | WATER\_COOK |
| Bottled water | 3 | WATER\_COOK |
| Some other source | -5 |  |
| REFUSED | -1 | WATER\_COOK |
| DON'T KNOW | -2 | WATER\_COOK |

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| SOURCE |
| National Human Exposure Assessment Survey |

**HC17000/(WATER\_DRINK\_OTH).** SPECIFY:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| National Human Exposure Assessment Survey |

**HC18000/(WATER\_COOK).** What water source in your home is used most of the time for cooking?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Tap water | 1 | HC20000 |
| Filtered tap water | 2 | HC20000 |
| Bottled water | 3 | HC20000 |
| Some other source | -5 |  |
| REFUSED | -1 | HC20000 |
| DON'T KNOW | -2 | HC20000 |

|  |
| --- |
| SOURCE |
| National Human Exposure Assessment Survey |

**HC19000/(WATER\_COOK\_OTH).** SPECIFY:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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| --- |
| SOURCE |
| National Human Exposure Assessment Survey |

**HC20000.** Water damage is a common problem that occurs inside of many homes. Water damage includes water stains on the ceiling or walls, rotting wood, and flaking sheetrock or plaster. This damage may be from broken pipes, a leaky roof, or floods.

**HC21000/(WATER).** Since we last spoke with you, have you seen any water damage inside your home?

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

|  |
| --- |
| SOURCE |
| American Healthy Homes Survey (modified) |

**HC22000/(MOLD).** Since we last spoke with you, have you seen any mold or mildew on walls or other surfaces other than the shower or bathtub, inside your home?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 | HC25000 |
| REFUSED | -1 | HC25000 |
| DON'T KNOW | -2 | HC25000 |

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| --- |
| SOURCE |
| American Healthy Homes Survey (modified) |

**HC23000/(ROOM\_MOLD).** In which rooms have you seen the mold or mildew?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * PROBE:  Any other rooms?
* SELECT ALL THAT APPLY
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| KITCHEN | 1 |  |
| LIVING ROOM | 2 |  |
| HALL OR LANDING | 3 |  |
| PARTICIPANT'S BEDROOM | 4 |  |
| OTHER BEDROOM | 5 |  |
| BATHROOM/TOILET | 6 |  |
| BASEMENT | 7 |  |
| OTHER | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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

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| PROGRAMMER INSTRUCTIONS |
| * IF **ROOM\_MOLD** = ANY COMBINATION OF VALUES 1-7, GO TO **HC25000**.
* IF **ROOM\_MOLD** = -5, OR ANY COMBINATION OF VALUES 1-7 AND -5, GO TO **ROOM\_MOLD\_OTH**.
* IF **ROOM\_MOLD** = -1 OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES AND GO TO **HC25000.**
 |

**HC24000/(ROOM\_MOLD\_OTH).** SPECIFY:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**HC25000.** The next few questions ask about any recent additions or renovations to your home.

**HC26000/(PRENOVATE2).** Since our last contact, have any additions or renovations been done to your home? Include only major projects that made your home larger or involved construction. Do not count smaller projects such as painting or wallpapering, carpeting, or refinishing floors."

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 | PDECORATE2 |
| REFUSED | -1 | PDECORATE2 |
| DON'T KNOW | -2 | PDECORATE2 |

|  |
| --- |
| SOURCE |
| American Healthy Homes Survey and National Survey of Lead and Allergens in Housing (modified) |

**HC27000/(PRENOVATE2\_ROOM).** Which rooms were renovated?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * PROBE:   Any others?
* SELECT ALL THAT APPLY.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| KITCHEN | 1 |  |
| LIVING ROOM | 2 |  |
| HALL OR LANDING | 3 |  |
| PARTICIPANT'S BEDROOM | 4 |  |
| OTHER BEDROOM | 5 |  |
| BATHROOM/TOILET | 6 |  |
| BASEMENT | 7 |  |
| OTHER | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| American Healthy Homes Survey and National Survey of Lead and Allergens in Housing (modified) |

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| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **PRENOVATE2\_ROOM** = ANY COMBINATION OF VALUES 1-7, GO TO **PDECORATE2.**
* IF **PRENOVATE2\_ROOM** = -5, OR ANY COMBINATION OF VALUES 1-7 AND -5,  GO TO **PRENOVATE2\_ROOM\_OTH**
* IF **PRENOVATE2\_ROOM** = -1 OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES AND GO TO **PDECORATE\_2.**
 |

**HC28000/(PRENOVATE2\_ROOM\_OTH).** SPECIFY:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| American Healthy Homes Survey and National Survey of Lead and Allergens in Housing (modified) |

**HC29000/(PDECORATE2).** Since we last spoke with you, were any smaller projects done in your home, such as painting, wallpapering, refinishing floors, or installing new carpet?

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

|  |
| --- |
| SOURCE |
| Avon Longitudinal Study of Parents and Children |

**HC30000/(PDECORATE2\_ROOM).** In which rooms were these smaller projects done?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * PROBE:  Any others?
* SELECT ALL THAT APPLY
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| KITCHEN | 1 |  |
| LIVING ROOM | 2 |  |
| HALL OR LANDING | 3 |  |
| PARTICIPANT'S BEDROOM | 4 |  |
| OTHER BEDROOM | 5 |  |
| BATHROOM/TOILET | 6 |  |
| BASEMENT | 7 |  |
| OTHER | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Avon Longitudinal Study of Parents and Children (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **PDECORATE2\_ROOM** = ANY COMBINATION OF VALUES 1 - 7, GO TO **TIME\_STAMP\_HC\_ET**.
* IF **PDECORATE2\_ROOM** = -5, OR ANY COMBINATION OF VALUES 1 - 7 AND -5, GO TO **PDECORATE2\_ROOM\_OTH**.
* IF **PDECORATE2\_ROOM** = -1 OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES AND GO TO **TIME\_STAMP\_HC\_ET.**
 |

**HC31000/(PDECORATE2\_ROOM\_OTH).** SPECIFY:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| Avon Longitudinal Study of Parents and Children |

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

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