

Father Pre-Natal Questionnaire - Adult

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| --- | --- |
| Event Category: | Trigger-Based |
| Event: | Pre-Natal Father |
| Administration: | PV1, PV2 |
| Instrument Target: | Father/Father-Figure |
| Instrument Respondent: | Father/Father-Figure |
| Domain: | Questionnaire |
| Document Category: | Questionnaire |
| Method: | Data Collector Administered |
| Mode (for this instrument\*): | In-Person, CAI;Phone, CAI |
| OMB Approved Modes: | In-Person, CAI;Phone, CAI;Web-Based, CAI |
| Estimated Administration Time: | 25 minutes |
| Multiple Child/Sibling Consideration: | Per Event |
| Special Considerations: | Administer at PV2 if not administerd at PV1 Event |
| 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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Father Pre-Natal Questionnaire - Adult

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Father Pre-Natal Questionnaire - Adult

GENERAL PROGRAMMER INSTRUCTIONS:

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

|  |  |  |  |
| --- | --- | --- | --- |
| **DATA ELEMENT FIELDS** | **MAXIMUM 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 | 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 |
| 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.**

INTERVIEW INTRODUCTION

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP.
* PRELOAD PARTICIPANT ID**(P\_ID)** AND RESPONDENT ID (**R\_P\_ID)**FOR THE PRIMARY CAREGIVER-IDENTIFIED FATHER/FATHER-FIGURE.
* PRELOAD **PERSON\_DOB**FROM PARTICIPANT VERIFICATION AND TRACING QUESTIONNAIRE (**INSTRUMENT\_ID**=XX).
* PRELOAD **MODE.**
 |

**II01000/(PARTICIPANT\_SEX).** WHAT IS THE SEX OF THE FATHER?

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

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * PROBE IF UNSURE OF PARTICIPANT SEX.
 |

**II02000/(F\_INT\_READY).** Are you ready to begin?

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

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

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * DETERMINE IF BETTER TIME TO CONTACT FATHER FOR INTERVIEW.
 |

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP.
* PRELOAD **P\_ID** AND **R\_P\_ID**.
 |

DEMOGRAPHICS

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

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

**DEM01000/(AGE\_ELIG).** SET AGE ELIGIBILITY AS APPROPRIATE

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * BASED ON **PERSON\_DOB** FROM THE PARTICIPANT VERIFICATION AND TRACING QUESTIONNAIRE, CALCULATE **AGE**. USING KNOWN LOCAL AGE OF MAJORITY TO DETERMINE IF HE/SHE IS ELIGIBLE (AT LEAST AGE OF MAJORITY AND LESS THAN AGE 50 ).
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| PARTICIPANT IS AGE-ELIGIBLE | 1 |  |
| PARTICIPANT IS YOUNGER THAN AGE OF MAJORITY | 2 | MAS09000 |
| AGE ELIGIBILITY IS UNKNOWN | -6 |  |

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF **AGE\_ELIG** =-6 FLAG CASE FOR SUPERVISOR REVIEW TO CONFIRM AGE ELIGIBILITY POST-INTERVIEW.
 |

**DEM02000/(F\_RELATE\_2).** Are you the child's…

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Birth father | 1 | CURRENT\_PARENT |
| Adoptive father | 2 | CURRENT\_PARENT |
| Social father | 3 | CURRENT\_PARENT |
| Step father | 4 | CURRENT\_PARENT |
| Do you have some other relationship to child | 5 |  |
| REFUSED | -1 | CURRENT\_PARENT |
| DON'T KNOW | -2 | CURRENT\_PARENT |

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Study, Birth Cohort |

**DEM03000/(F\_RELATE\_2\_OTH).** SPECIFY RELATIONSHIP TO CHILD

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

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Study, Birth Cohort |

**DEM04000/(CURRENT\_PARENT).** Not including your unborn child, are you the parent of any other children?

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

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

**DEM05000/(F\_MARISTAT).** I’d like to ask about your marital status. Are you:

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * PROBE FOR CURRENT MARITAL STATUS.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Married | 1 |  |
| Not married, but living together with a partner | 2 |  |
| Never been married | 3 |  |
| Divorced | 4 |  |
| Separated | 5 |  |
| Widowed | 6 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination SurveyCurrent: National Children’s Study, Vanguard Phase (Preg Screen, Pre-Preg, PV1, 3M, 18M) |

**DEM06000/(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 |  |

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| --- |
| 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)Current: National Children’s Study, Vanguard Phase (Preg Screen, PV1) |

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

**DEM06010/(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 |  |

|  |
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| 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)Current: National Children’s Study, Vanguard Phase (Preg Screen, PV1) |

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

**DEM06100/(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.Current: National Children’s Study, Vanguard Phase (Preg Screen, PV1) |

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| PROGRAMMER INSTRUCTIONS |
| * IF **MODE** = CAPI, GO TO **RACE\_NEW**.
* OTHERWISE, IF **MODE** = CATI, GO TO **RACE\_1**.
 |

**DEM07000/(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 “OTHER” 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 |  |

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| 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.Current: National Children’s Study, Vanguard Phase (Preg Screen, PV1) |

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

**DEM08000/(RACE\_NEW\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| 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)Current: National Children’s Study, Vanguard Phase (Preg Screen, PV1) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * GO TO **THINK\_RACE**.
 |

**DEM09000/(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 |
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|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **RACE\_1** = ANY COMBINATION OF 1 THROUGH 3, GO TO **THINK\_RACE**.
* 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 **THINK\_RACE**.
 |

**DEM10000/(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)Current: National Children’s Study, Vanguard Phase (Preg Screen, PV1) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **RACE\_1** = 4, OR 4 AND ANY COMBINATION OF 1, 2, 3, AND/OR 5, GO TO **RACE\_2**.
* IF **RACE\_1** = 5, OR 5 AND ANY COMBINATION OF 1 THROUGH 3, GO TO **RACE\_3**.
* OTHERWISE, GO TO **THINK\_RACE**.
 |

**DEM10100/(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)Current: National Children’s Study, Vanguard Phase (Preg Screen, PV1) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **RACE\_1** = ANY COMBINATION THAT INCLUDES BOTH 4 AND 5, GO TO **RACE\_3**.
* OTHERWISE, GO TO **THINK\_RACE**.
 |

**DEM11000/(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 |
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**DEM12000/(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 |
| Behavior Risk Factor Surveillance System Questionnaire |

**DEM13000/(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 OTHER RACES | 1 |  |
| THE SAME AS OTHER RACES | 2 |  |
| BETTER THAN OTHER RACES | 3 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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

**DEM14000/(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 OTHER RACES | 1 |  |
| THE SAME AS OTHER RACES | 2 |  |
| BETTER THAN OTHER RACES | 3 |  |
| NO HEALTH CARE IN PAST 12 MONTHS | -7 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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

**DEM15000/(PHYSICAL\_SX\_30D).** Within the past 30 days, have you experienced any physical symptoms for example, a headache, an upset stomach, tensing of your muscles, or a pounding heart as a result of how you were treated based on your race?

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

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

**DEM16000/(EMOT\_SX\_30D).** Within the past 30 days, have you felt emotionally upset, for example angry, sad, or frustrated as a result of how you were treated based on your race?

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

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

**DEM17000/(ENGLISH\_WELL).** How well do you speak English?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Very well | 1 |  |
| Well | 2 |  |
| Not well | 3 |  |
| Not at all | 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 ActCurrent: National Children’s Study, Vanguard Phase (PV1) |

**DEM18000/(HH\_NONENGLISH\_NEW).** Do you speak a language other than English at home?

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

|  |
| --- |
| 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 ActCurrent: National Children’s Study, Vanguard Phase (PV1) |

**DEM19000/(OTHER\_LANG).** What is this language?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Spanish | 1 | DIFF\_HEAR |
| Other | -5 |  |
| REFUSED | -1 | DIFF\_HEAR |
| DON'T KNOW | -2 | DIFF\_HEAR |

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| --- |
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**DEM20000/(OTHER\_LANG\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
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**DEM21000/(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 Current: National Children’s Study, Vanguard Phase (PV1) |

**DEM22000/(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 Current: National Children’s Study, Vanguard Phase (PV1) |

**DEM23000/(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 |  |
| 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 ActCurrent: National Children’s Study, Vanguard Phase (PV1) |

**DEM24000/(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 ActCurrent: National Children’s Study, Vanguard Phase (PV1) |

**DEM25000/(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 ActCurrent: National Children’s Study, Vanguard Phase (PV1) |

**DEM26000/(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 ActCurrent: National Children’s Study, Vanguard Phase (PV1) |

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

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

DEMOGRAPHICS 2

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

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

**DE01000.** These next questions are about your background and culture.

**DE02000/(BORN\_US).** Were you born in the United States?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 | M\_BORN\_US |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| 2000 CensusLegacy: National Children’s Study, Legacy Phase (T1 Father) |

**DE03000/(TIME \_US).** About how long have you lived in the United States?

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

YEARS

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF LESS THAN ONE YEAR, ENTER “00”.
 |

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Study, Birth CohortLegacy: National Children’s Study, Legacy Phase (T1 Father) |

**DE04000/(M\_BORN\_US).** Was your mother born in the United States?

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

|  |
| --- |
| SOURCE |
| 2000 CensusLegacy: National Children’s Study, Legacy Phase (T1 Father) |

**DE05000/(F\_BORN\_US).** Was your father born in the United States?

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

|  |
| --- |
| SOURCE |
| 2000 CensusLegacy: National Children’s Study, Legacy Phase (T1 Father) |

**DE06000/(F\_PARENTS\_14).** When you were 14, were you living with your own mother and your own father?

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

|  |
| --- |
| SOURCE |
| National Survey of Family Growth |

**(TIME\_STAMP\_DE\_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.

**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 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| American Community Survey 2006Current: National Children’s Study, Vanguard Phase (Pre-Preg, PV1, PV2, LI Non & Preg, 6M, 12M, 24M) |

**HI03000/(INS\_EMPLOY).** Do you currently have insurance through a current or former employer or union (of yourself or another family member)?

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

|  |
| --- |
| SOURCE |
| American Community Survey 2006Current: National Children’s Study, Vanguard Phase (Pre-Preg, PV1, PV2, LI Non & Preg, 6M, 12M, 24M) |

**HI04000/(INS\_PURCHASED).** (Do you currently have:)

Insurance purchased directly from an insurance company (by yourself or another family member)?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * REPEAT ("Do you currently have:") AS NEEDED FOR CLARITY.
 |

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

|  |
| --- |
| SOURCE |
| American Community Survey 2006Current: National Children’s Study, Vanguard Phase (Pre-Preg, PV1, PV2, LI Non & Preg, 6M, 12M, 24M) |

**HI05000/(INS\_MEDICAID).** (Do you currently have:)

Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * REPEAT ("Do you currently have:") AS NEEDED FOR CLARITY.
 |

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

|  |
| --- |
| SOURCE |
| American Community Survey 2006Current: National Children’s Study, Vanguard Phase (Pre-Preg, PV1, PV2, LI Non & Preg, 6M, 12M, 24M) |

**HI06000/(INS\_TRICARE).** (Do you currently have:)

TRICARE, VA, or other military health care?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * REPEAT ("Do you currently have:") AS NEEDED FOR CLARITY.
 |

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

|  |
| --- |
| SOURCE |
| American Community Survey 2006Current: National Children’s Study, Vanguard Phase (Pre-Preg, PV1, PV2, LI Non & Preg, 6M, 12M, 24M) |

**HI07000/(INS\_IHS).** (Do you currently have:)

Indian Health Service?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * REPEAT ("Do you currently have:") AS NEEDED FOR CLARITY.
 |

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

|  |
| --- |
| SOURCE |
| American Community Survey 2006Current: National Children’s Study, Vanguard Phase (Pre-Preg, PV1, PV2, LI Non & Preg, 6M, 12M, 24M) |

**HI08000/(INS\_MEDICARE).** (Do you currently have:)

Medicare, for people 65 and older, or people with certain disabilities?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * REPEAT ("Do you currently have:") AS NEEDED FOR CLARITY.
 |

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

|  |
| --- |
| SOURCE |
| American Community Survey 2006Current: National Children’s Study, Vanguard Phase (Pre-Preg, PV1, PV2, LI Non & Preg, 6M, 12M, 24M) |

**HI09000/(INS\_OTH).** (Do you currently have:)

Any other type of health insurance or health coverage plan?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * REPEAT ("Do you currently have:") AS NEEDED FOR CLARITY.
 |

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

|  |
| --- |
| SOURCE |
| American Community Survey 2006Current: National Children’s Study, Vanguard Phase (Pre-Preg, PV1, PV2, LI Non & Preg, 6M, 12M, 24M) |

**(TIME\_STAMP\_HI\_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 work.

**EMP02000/(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 |

**EMP03000/(WORK\_HRS).** How many hours per week do you work?

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

HOURS

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

|  |
| --- |
| SOURCE |
| Herald StudyLegacy: National Children’s Study, Legacy Phase (6M)Current: National Children’s Study, Vanguard Phase (Pre-Preg, PV1, PV2) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY SOFT EDIT IF **WORK\_HRS**​> 60
 |

**EMP04000/(WORK\_LEAVE).** Does your employer make available to you paternity leave that will allow you to go back to your old job or one that pays the same as your old one?

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

|  |
| --- |
| SOURCE |
| National Longitudinal Survey of Youth 1979 |

**EMP05000/(JOB\_STRESSFUL).** How often do you find your work stressful?  Would you say always, often, sometimes, hardly ever, or never?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| ALWAYS | 1 |  |
| OFTEN | 2 |  |
| SOMETIMES | 3 |  |
| HARDLY EVER | 4 |  |
| NEVER | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Institute for Occupational Safety and Health |

**EMP06000/(JOB\_SATISFIED).** All in all, how satisfied are you with your job? Would you say very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| VERY SATISFIED | 1 |  |
| SOMEWHAT SATISFIED | 2 |  |
| SOMEWHAT DISSATISFIED | 3 |  |
| VERY DISSATISFIED | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Survey of American Life, Institute for Social Research, University of Michigan |

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

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

SOCIAL RESOURCES

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

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

**SR01000.** I’d like to ask you about your contact with other people.

**SR02000/(NUM\_PEOPLE\_COMM).** On a normal day, how many people do you communicate with (including nodding, saying hi, talking, calling, writing, through the Internet, acquaintances or not, all added together)?

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

NUMBER OF PEOPLE

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

|  |
| --- |
| SOURCE |
| Lin, Ye, and Ensel (1999) “Social Support and Depressed Mood: A Structural Analysis.” Journal for Health and Social Behavior, 40:344-59 |

**SR03000/(FREQ\_COMM).** How often do you see, write to or talk on the telephone with family or relatives who do not live with you? Would you say nearly every day, at least once a week, a few times a month, at least once a month, a few times a year, hardly ever or never?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NEARLY EVERYDAY (4 OR MORE TIMES A WEEK) | 1 |  |
| AT LEAST ONCE A WEEK (1 TO 3 TIMES) | 2 |  |
| A FEW TIMES A MONTH (2 TO 3 TIMES) | 3 |  |
| AT LEAST ONCE A MONTH | 4 |  |
| A FEW TIMES A YEAR | 5 |  |
| HARDLY EVER | 6 |  |
| NEVER | 7 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| The National Survey of American Life, Institute for Social Research, University of Michigan |

**SR04000.** Now we’d like to find out about the amount of social, material, and emotional support you have outside of your family members that live in your household.  Please state whether each statement is never true, sometimes true, or always true.

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **CURRENT\_PARENT** DOES NOT EQUAL 1,  GO TO **LOAN\_DOCTOR**.
 |

**SR05000/(WATCH\_CHILDREN).** If I need to work late, I can easily find someone to watch my child or children.  Would you say this statement is never true, sometimes true, or always true?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NEVER TRUE | 1 |  |
| SOMETIMES TRUE | 2 |  |
| ALWAYS TRUE | 3 |  |
| NOT APPLICABLE | -7 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| The 500 Family Study (modified) |

**SR06000/(CHILD\_DOCTOR).** If I’m unavailable to get my child or children to the doctor, friends or family will help me.  Would you say this statement is never true, sometimes true, or always true?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NEVER TRUE | 1 |  |
| SOMETIMES TRUE | 2 |  |
| ALWAYS TRUE | 3 |  |
| NOT APPLICABLE | -7 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| The 500 Family Study (modified) |

**SR07000/(LOAN\_DOCTOR).** If I have an emergency and need cash, family or friends will loan it to me.  Would you say this statement is never true, sometimes true, or always true?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NEVER TRUE | 1 |  |
| SOMETIMES TRUE | 2 |  |
| ALWAYS TRUE | 3 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| The 500 Family Study |

**SR08000/(TALK\_ADVICE).** If I have troubles or need advice, I have someone I can talk to.  Would you say this statement is never true, sometimes true, or always true?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NEVER TRUE | 1 |  |
| SOMETIMES TRUE | 2 |  |
| ALWAYS TRUE | 3 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| The 500 Family Study |

**SR09000.** Now, I’m going to ask about your feelings and thoughts.

**SR10000/(SOCIAL\_SUPPORT).** How often do you get the social and emotional support you need? Would you say always, usually, sometimes, rarely, or never?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF ASKED, RESPOND “Please include support from any source.”
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| ALWAYS | 1 |  |
| USUALLY | 2 |  |
| SOMETIMES | 3 |  |
| RARELY | 4 |  |
| NEVER | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **F\_MARISTAT** = 1 OR 2, GO TO **PARTNER\_LISTEN**.
* OTHERWISE, GO TO **TIME\_STAMP\_SR\_ET**.
 |

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

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

**SR11000/(PARTNER\_LISTEN).** How much is your partner willing to listen when you need to talk about your worries or problems - a great deal, quite a bit, some, a little, or not at all?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| A GREAT DEAL | 1 |  |
| QUITE A BIT | 2 |  |
| SOME | 3 |  |
| A LITTLE | 4 |  |
| NOT AT ALL | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| American Changing Lives Study |

**SR12000/(SATISIFED\_MARRIED).** Taking all things together, how satisfied are you with your {marriage/relationship} - are you completely satisfied, very satisfied, somewhat satisfied, not very satisfied or not at all satisfied?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| COMPLETELY SATISFIED | 1 |  |
| VERY SATISFIED | 2 |  |
| SOMEWHAT SATISFIED | 3 |  |
| NOT VERY SATISFIED | 4 |  |
| NOT AT ALL SATISFIED | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| American Changing Lives Study |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **F\_MARISTAT** = 1, DISPLAY “marriage”.
* IF **F\_MARISTAT** = 2, DISPLAY “relationship”.
 |

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

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

TOBACCO USE

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

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

**TU01000.** The next few questions are about your use of cigarettes.

**TU02000/(CIG\_NOW).** Do you currently smoke cigarettes or any other tobacco product?

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

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

**TU03000/(CIG\_NOW\_FREQ).** Do you smoke cigarettes or any other tobacco product…

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Every day | 1 |  |
| 5 or 6 days a week | 2 |  |
| 2-4 days a week | 3 |  |
| Once a week | 4 |  |
| 1-3 days a month | 5 |  |
| Less than once a month | 6 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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

**TU04000/(CIG\_NOW\_NUM).** On days that you smoke, how many cigarettes do you smoke per day?

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

NUMBER PER DAY

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF RESPONSE IS IN PACKS, CALCULATE 20 CIGARETTES PER PACK.
* IF PARTICIPANT REPORTS SMOKING 1 CIGARETTE OR LESS EACH DAY, ENTER "01."
 |

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

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

**TU05000/(NUM\_SMOKER).** How many smokers live in your home now {including yourself}?

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

NUMBER OF SMOKERS

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * ENTER “00” IF NONE.
 |

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

|  |
| --- |
| SOURCE |
| NC Herald Study, CAPSLegacy: National Children’s Study, Legacy Phase (T1 Mother) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **CIG\_NOW**= 1, DISPLAY BRACKETED TEXT
* HARD EDIT: IF **CIG\_NOW** = 1, RESPONSE TO **NUM\_SMOKER** MUST BE ≥ 1.
 |

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

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

ALCOHOL USE

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

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

**AU01000.** Now I am going to ask about your use of alcohol.

**AU02000/(DRINK).** Do you drink any type of alcoholic beverage?

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

|  |
| --- |
| SOURCE |
| The Composite International Diagnostic Interview Version 3.0 (modified)Legacy: National Children’s Study, Legacy Phase (6M)Current: National Children’s Study, Vanguard Phase (PV1, 12M, 18M, 24M) |

**AU03000/(DRINK\_NOW).** How often do you currently drink alcoholic beverages?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| 5 or more times a week | 1 |  |
| 2-4 times a week | 2 |  |
| Once a week | 3 |  |
| 1-3 times a month | 4 |  |
| Less than once a month | 5 |  |
| Never | 6 | TIME\_STAMP\_AU\_ET |
| REFUSED | -1 | TIME\_STAMP\_AU\_ET |
| DON'T KNOW | -2 | TIME\_STAMP\_AU\_ET |

|  |
| --- |
| SOURCE |
| Pregnancy Risk Assessment Monitoring SystemLegacy: National Children’s Study, Legacy Phase (T1 Mother)Current: National Children’s Study, Vanguard Phase (PV1, 12M, 18M, 24M) |

**AU04000/(DRINK\_NOW\_5).** How often do you have 5 or more drinks within a couple of hours? ​You would count as a drink one can or bottle of beer; a wine cooler or one glass of wine, champagne, or sherry; one shot of liquor; or one mixed drink or cocktail.

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Never | 1 |  |
| About once a month | 2 |  |
| About once a week | 3 |  |
| About once a day | 4 |  |
| Less than once a month | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Survey of Family GrowthLegacy: National Children’s Study, Legacy Phase (T1 Mother, 6M)Current: National Children’s Study, Vanguard Phase (PV1, 12M, 18M, 24M) |

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

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

SELF RATED HEALTH

**SRH01000.** Now, I have questions about your health and about medical conditions or health problems you have or have had.

**SRH02000/(F\_HEALTH).** How would you rate your overall physical health at the present time? Would you say it is excellent, very good, good, fair or poor?

|  |  |  |
| --- | --- | --- |
| 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 SystemLegacy: National Children’s Study, Legacy Phase (T1 Mother)Current: National Children’s Study, Vanguard Phase (PV1) |

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

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

MEDICAL CONDITIONS

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

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

**MC01000/(F\_ASTHMA).** Have you ever been told by a doctor or other health care provider that you had asthma?

|  |  |  |
| --- | --- | --- |
| 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 Father) |

**MC02000/(F\_ECZEMA).** Have you ever been told by a doctor or other health care provider that you had:

Eczema or atopic dermatitis?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * READ (Have you ever been told by a doctor or other health care provider that you had:) AS NEEDED.
 |

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

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination SurveyLegacy: National Children’s Study, Legacy Phase (T1 Father) |

**MC03000/(F\_ALLERGIES).** (Have you ever been told by a doctor or other health care provider that you had:)

Seasonal allergies?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * READ (Have you ever been told by a doctor or other health care provider that you had:) AS NEEDED.
 |

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

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination SurveyLegacy: National Children’s Study, Legacy Phase (T1 Father) |

**MC04000/(F\_HIGHBP).** (Have you ever been told by a doctor or other health care provider that you had:)

Hypertension or high blood pressure?

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| --- |
| INTERVIEWER INSTRUCTIONS |
| * READ (Have you ever been told by a doctor or other health care provider that you had:) AS NEEDED.
 |

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

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination SurveyLegacy: National Children’s Study, Legacy Phase (T1 Father) |

**MC05000/(F\_DIABETES).** (Have you ever been told by a doctor or other health care provider that you had:)

Diabetes?

|  |
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| INTERVIEWER INSTRUCTIONS |
| * READ (Have you ever been told by a doctor or other health care provider that you had:) AS NEEDED.
 |

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

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination SurveyLegacy: National Children’s Study, Legacy Phase (T1 Father) |

**MC06000/(F\_HIGHCHOLEST).** (Have you ever been told by a doctor or other health care provider that you had:)

High cholesterol?

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| --- |
| INTERVIEWER INSTRUCTIONS |
| * READ (Have you ever been told by a doctor or other health care provider that you had:) AS NEEDED.
 |

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

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination SurveyLegacy: National Children’s Study, Legacy Phase (T1 Father) |

**MC07000/(F\_CANCER).** (Have you ever been told by a doctor or other health care provider that you had:)

Any type of cancer?

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| INTERVIEWER INSTRUCTIONS |
| * READ (Have you ever been told by a doctor or other health care provider that you had:) AS NEEDED.
 |

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

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination SurveyLegacy: National Children’s Study, Legacy Phase (T1 Father) |

**MC08000/(F\_CANCER\_TYPE\_2).** What type or types of cancer were you diagnosed with?

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

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| BRAIN | 1 |  |
| BREAST | 2 |  |
| COLON | 3 |  |
| HODGKIN’S LYMPHOMA | 4 |  |
| LEUKEMIA | 5 |  |
| LIVER | 6 |  |
| LUNG | 7 |  |
| NON-HODGKIN’S LYMPHOMA | 8 |  |
| PROSTATE (MALE ONLY) | 9 |  |
| SKIN | 10 |  |
| TESTICULAR (MALE ONLY) | 11 |  |
| THYROID | 12 |  |
| UTERINE (FEMALE ONLY) | 13 |  |
| OTHER | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination SurveyLegacy: National Children’s Study, Legacy Phase (T1 Father) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **F\_CANCER\_TYPE\_2** = ANY COMBINATION OF VALUES 1 – 13, GO TO **F\_SICKLECELL**.
* IF **F\_CANCER\_TYPE\_2** = -5, OR ANY COMBINATION OF VALUES 1 – 13 AND -5, GO TO **F\_CANCER\_TYPE\_2\_OTH**.
* IF **F\_CANCER\_TYPE\_2** = -1 OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES AND GO TO **F\_SICKLECELL**.
 |

**MC09000/(F\_CANCER\_TYPE\_2\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination SurveyLegacy: National Children’s Study, Legacy Phase (T1 Father) |

**MC10000/(F\_SICKLECELL).** Have you ever been told by a doctor or other health care provider that you had:

Sickle cell anemia or sickle cell trait?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * READ (Have you ever been told by a doctor or other health care provider that you had:) AS NEEDED.
 |

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

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination SurveyLegacy: National Children’s Study, Legacy Phase (T1 Father) |

**MC11000/(F\_AUTOIMMUNE).** (Have you ever been told by a doctor or other health care provider that you had:)

An autoimmune disorder such as rheumatoid arthritis, lupus, or scleroderma?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * READ (Have you ever been told by a doctor or other health care provider that you had:) AS NEEDED.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 | F\_BIRTH\_DEFECT |
| REFUSED | -1 | F\_BIRTH\_DEFECT |
| DON'T KNOW | -2 | F\_BIRTH\_DEFECT |

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination SurveyLegacy: National Children’s Study, Legacy Phase (T1 Father) |

**MC12000/(F\_AUTOIMMUNE\_TYPE).** What type of autoimmune disorder were you diagnosed with?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| RHEUMATOID ARTHRITIS | 1 | F\_BIRTH\_DEFECT |
| LUPUS | 2 | F\_BIRTH\_DEFECT |
| SCLERODERMA | 3 | F\_BIRTH\_DEFECT |
| MULTIPLE SCLEROSIS | 4 | F\_BIRTH\_DEFECT |
| GRAVES’ DISEASE | 5 | F\_BIRTH\_DEFECT |
| OTHER | -5 |  |
| REFUSED | -1 | F\_BIRTH\_DEFECT |
| DON'T KNOW | -2 | F\_BIRTH\_DEFECT |

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination SurveyLegacy: National Children’s Study, Legacy Phase (T1 Father) |

**MC13000/(F\_AUTOIMMUNE\_TYPE\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination SurveyLegacy: National Children’s Study, Legacy Phase (T1 Father) |

**MC14000/(F\_BIRTH\_DEFECT).** (Have you ever been told by a doctor or other health care provider that you had:)

A birth defect?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * READ (Have you ever been told by a doctor or other health care provider that you had:) AS NEEDED.
 |

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

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination SurveyLegacy: National Children’s Study, Legacy Phase (T1 Father) |

**MC15000/(F\_DEFECT\_TYPE).** What birth defect were you diagnosed with?

SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
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| SOURCE |
| National Health and Nutrition Examination SurveyLegacy: National Children’s Study, Legacy Phase (T1 Father) |

**MC15100/(F\_ADD).** Have you ever been told by a doctor or other health care provider that you had:

Attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD)?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * READ (Have you ever been told by a doctor or other health care provider that you had:) AS NEEDED.
 |

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

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination SurveyLegacy: National Children’s Study, Legacy Phase (T1 Father) |

**MC15200/(F\_AUTISM).** (Have you ever been told by a doctor or other health care provider that you had:)

Autism, Asperger syndrome, or any other autism spectrum disorder?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * READ (Have you ever been told by a doctor or other health care provider that you had:) AS NEEDED.
 |

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

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| --- |
| SOURCE |
| National Health and Nutrition Examination SurveyLegacy: National Children’s Study, Legacy Phase (T1 Father) |

**MC16000/(F\_BIPOLAR).** (Have you ever been told by a doctor or other health care provider that you had:)

Bipolar disorder?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * READ (Have you ever been told by a doctor or other health care provider that you had:) AS NEEDED.
 |

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

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination SurveyLegacy: National Children’s Study, Legacy Phase (T1 Father) |

**MC17000/(F\_DEPRESSION).** (Have you ever been told by a doctor or other health care provider that you had:)

Depression, other than bipolar disorder?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * READ (Have you ever been told by a doctor or other health care provider that you had:) AS NEEDED.
 |

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

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination SurveyLegacy: National Children’s Study, Legacy Phase (T1 Father) |

**MC18000/(F\_ANXIETY).** (Have you ever been told by a doctor or other health care provider that you had:)

An anxiety disorder, such as generalized anxiety disorder, obsessive compulsive disorder (OCD), or panic attacks?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * READ (Have you ever been told by a doctor or other health care provider that you had:) AS NEEDED.
 |

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

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination SurveyLegacy: National Children’s Study, Legacy Phase (T1 Father) |

**MC19000/(F\_OTH\_CONDITION).** (Have you ever been told by a doctor or other health care provider that you had:)

Any other chronic or long-lasting conditions?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * READ (Have you ever been told by a doctor or other health care provider that you had:) AS NEEDED.
 |

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

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination SurveyLegacy: National Children’s Study, Legacy Phase (T1 Father) |

**MC20000/(F\_OTH\_CONDITION\_OTH).** What other chronic condition or conditions were you diagnosed with?

(SPECIFY):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination SurveyLegacy: National Children’s Study, Legacy Phase (T1 Father) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * SEPARATE OTHER CHRONIC CONDITIONS WITH COMMAS.
 |

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

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

MENTAL HEALTH

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

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

**MH01000.** Now, I will read a list of the ways you might have felt or behaved. Please tell me how often you have felt this way during the past week.

**MH02000/(BOTHERED).** I was bothered by things that usually don’t bother me.

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
 |

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| RARELY OR NONE OF THE TIME (LESS THAN ONE DAY) | 1 |  |
| SOME OR A LITTLE OF THE TIME (1-2 DAYS) | 2 |  |
| OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS) | 3 |  |
| MOST OR ALL OF THE TIME (5-7 DAYS) | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Center for Epidemiologic Studies Depression Scale (CES-D)Legacy: National Children’s Study, Legacy Phase (T1, T3 First Mother) |

**MH03000/(APPETITE\_POOR).** I did not feel like eating; my appetite was poor.

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| RARELY OR NONE OF THE TIME (LESS THAN ONE DAY) | 1 |  |
| SOME OR A LITTLE OF THE TIME (1-2 DAYS) | 2 |  |
| OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS) | 3 |  |
| MOST OR ALL OF THE TIME (5-7 DAYS) | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Center for Epidemiologic Studies Depression Scale (CES-D)Legacy: National Children’s Study, Legacy Phase (T1, T3 First Mother) |

**MH04000/(BLUES).** I felt that I could not shake off the blues even with help from my family or friends.

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| RARELY OR NONE OF THE TIME (LESS THAN ONE DAY) | 1 |  |
| SOME OR A LITTLE OF THE TIME (1-2 DAYS) | 2 |  |
| OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS) | 3 |  |
| MOST OR ALL OF THE TIME (5-7 DAYS) | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Center for Epidemiologic Studies Depression Scale (CES-D)Legacy: National Children’s Study, Legacy Phase (T1, T3 First Mother) |

**MH05000/(GOOD\_AS\_OTHERS).** I felt that I was just as good as other people.

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| RARELY OR NONE OF THE TIME (LESS THAN ONE DAY) | 1 |  |
| SOME OR A LITTLE OF THE TIME (1-2 DAYS) | 2 |  |
| OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS) | 3 |  |
| MOST OR ALL OF THE TIME (5-7 DAYS) | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Center for Epidemiologic Studies Depression Scale (CES-D)Legacy: National Children’s Study, Legacy Phase (T1, T3 First Mother) |

**MH06000/(TRB\_KEEP\_MIND).** I had trouble keeping my mind on what I was doing.

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| RARELY OR NONE OF THE TIME (LESS THAN ONE DAY) | 1 |  |
| SOME OR A LITTLE OF THE TIME (1-2 DAYS) | 2 |  |
| OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS) | 3 |  |
| MOST OR ALL OF THE TIME (5-7 DAYS) | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Center for Epidemiologic Studies Depression Scale (CES-D)Legacy: National Children’s Study, Legacy Phase (T1, T3 First Mother) |

**MH07000/(DEPRESSED).** I felt depressed.

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| RARELY OR NONE OF THE TIME (LESS THAN ONE DAY) | 1 |  |
| SOME OR A LITTLE OF THE TIME (1-2 DAYS) | 2 |  |
| OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS) | 3 |  |
| MOST OR ALL OF THE TIME (5-7 DAYS) | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Center for Epidemiologic Studies Depression Scale (CES-D)Legacy: National Children’s Study, Legacy Phase (T1, T3 First Mother) |

**MH08000/(EVTHG\_EFFORT).** I felt that everything I did was an effort.

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| RARELY OR NONE OF THE TIME (LESS THAN ONE DAY) | 1 |  |
| SOME OR A LITTLE OF THE TIME (1-2 DAYS) | 2 |  |
| OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS) | 3 |  |
| MOST OR ALL OF THE TIME (5-7 DAYS) | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Center for Epidemiologic Studies Depression Scale (CES-D)Legacy: National Children’s Study, Legacy Phase (T1, T3 First Mother) |

**MH09000/(HOPEFUL\_FUTURE).** I felt hopeful about the future.

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| RARELY OR NONE OF THE TIME (LESS THAN ONE DAY) | 1 |  |
| SOME OR A LITTLE OF THE TIME (1-2 DAYS) | 2 |  |
| OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS) | 3 |  |
| MOST OR ALL OF THE TIME (5-7 DAYS) | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Center for Epidemiologic Studies Depression Scale (CES-D)Legacy: National Children’s Study, Legacy Phase (T1, T3 First Mother) |

**MH10000/(LIFE\_FAILURE).** I thought my life had been a failure.

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| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
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| Label | Code | Go To |
| RARELY OR NONE OF THE TIME (LESS THAN ONE DAY) | 1 |  |
| SOME OR A LITTLE OF THE TIME (1-2 DAYS) | 2 |  |
| OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS) | 3 |  |
| MOST OR ALL OF THE TIME (5-7 DAYS) | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| Center for Epidemiologic Studies Depression Scale (CES-D)Legacy: National Children’s Study, Legacy Phase (T1, T3 First Mother) |

**MH11000/(FELT\_FEARFUL).** I felt fearful.

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| MOST OR ALL OF THE TIME (5-7 DAYS) | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| Center for Epidemiologic Studies Depression Scale (CES-D)Legacy: National Children’s Study, Legacy Phase (T1, T3 First Mother) |

**MH12000/(SLEEP\_RESTLESS).** My sleep was restless.

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| MOST OR ALL OF THE TIME (5-7 DAYS) | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| Center for Epidemiologic Studies Depression Scale (CES-D)Legacy: National Children’s Study, Legacy Phase (T1, T3 First Mother) |

**MH13000/(HAPPY).** I was happy.

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| OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS) | 3 |  |
| MOST OR ALL OF THE TIME (5-7 DAYS) | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| Center for Epidemiologic Studies Depression Scale (CES-D)Legacy: National Children’s Study, Legacy Phase (T1, T3 First Mother) |

**MH14000/(TALKED\_LESS).** I talked less than usual.

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| OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS) | 3 |  |
| MOST OR ALL OF THE TIME (5-7 DAYS) | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| Center for Epidemiologic Studies Depression Scale (CES-D)Legacy: National Children’s Study, Legacy Phase (T1, T3 First Mother) |

**MH15000/(FELT\_LONELY).** I felt lonely.

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| Label | Code | Go To |
| RARELY OR NONE OF THE TIME (LESS THAN ONE DAY) | 1 |  |
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| OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS) | 3 |  |
| MOST OR ALL OF THE TIME (5-7 DAYS) | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| Center for Epidemiologic Studies Depression Scale (CES-D)Legacy: National Children’s Study, Legacy Phase (T1, T3 First Mother) |

**MH16000/(PEOPLE\_UNFRIENDLY).** People were unfriendly.

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| OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS) | 3 |  |
| MOST OR ALL OF THE TIME (5-7 DAYS) | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| Center for Epidemiologic Studies Depression Scale (CES-D)Legacy: National Children’s Study, Legacy Phase (T1, T3 First Mother) |

**MH17000/(ENJOYED\_LIFE).** I enjoyed life.

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| Label | Code | Go To |
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| OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS) | 3 |  |
| MOST OR ALL OF THE TIME (5-7 DAYS) | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| Center for Epidemiologic Studies Depression Scale (CES-D)Legacy: National Children’s Study, Legacy Phase (T1, T3 First Mother) |

**MH18000/(CRYING\_SPELLS).** I had crying spells.

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| OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS) | 3 |  |
| MOST OR ALL OF THE TIME (5-7 DAYS) | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| Center for Epidemiologic Studies Depression Scale (CES-D)Legacy: National Children’s Study, Legacy Phase (T1, T3 First Mother) |

**MH19000/(FELT\_SAD).** I felt sad.

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| RARELY OR NONE OF THE TIME (LESS THAN ONE DAY) | 1 |  |
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| OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS) | 3 |  |
| MOST OR ALL OF THE TIME (5-7 DAYS) | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| Center for Epidemiologic Studies Depression Scale (CES-D)Legacy: National Children’s Study, Legacy Phase (T1, T3 First Mother) |

**MH20000/(FEEL\_PEOP\_DISLIKE).** I felt that people dislike me.

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| --- | --- | --- |
| Label | Code | Go To |
| RARELY OR NONE OF THE TIME (LESS THAN ONE DAY) | 1 |  |
| SOME OR A LITTLE OF THE TIME (1-2 DAYS) | 2 |  |
| OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS) | 3 |  |
| MOST OR ALL OF THE TIME (5-7 DAYS) | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| Center for Epidemiologic Studies Depression Scale (CES-D)Legacy: National Children’s Study, Legacy Phase (T1, T3 First Mother) |

**MH21000/(NOT\_GET\_GOING).** I could not "get going.”

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| Label | Code | Go To |
| RARELY OR NONE OF THE TIME (LESS THAN ONE DAY) | 1 |  |
| SOME OR A LITTLE OF THE TIME (1-2 DAYS) | 2 |  |
| OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS) | 3 |  |
| MOST OR ALL OF THE TIME (5-7 DAYS) | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| Center for Epidemiologic Studies Depression Scale (CES-D)Legacy: National Children’s Study, Legacy Phase (T1, T3 First Mother) |

**MH22000/(MH22000\_INSTRUCTIONS).** Now I will ask you about your feelings and thoughts.  For each question, please tell me how often you felt or thought a certain way during the past month.

**MH23000/(NO\_CONTROL).** In the last month, how often have you felt that you were unable to control the important things in your life?  Would you say never, almost never, sometimes, fairly often, or very often?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NEVER | 1 |  |
| ALMOST NEVER | 2 |  |
| SOMETIMES | 3 |  |
| FAIRLY OFTEN | 4 |  |
| VERY OFTEN | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| Cohen perceived Stress Scale |

**MH24000/(HANDLE\_PROBLEMS).** In the last month, how often have you felt confident about your ability to handle your personal problems?  Would you say never, almost never, sometimes, fairly often, or very often?

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| --- | --- | --- |
| Label | Code | Go To |
| NEVER | 1 |  |
| ALMOST NEVER | 2 |  |
| SOMETIMES | 3 |  |
| FAIRLY OFTEN | 4 |  |
| VERY OFTEN | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| Cohen perceived Stress Scale |

**MH25000/(GOING\_WELL).** In the last month, how often have you felt that things were going your way?  Would you say never, almost never, sometimes, fairly often, or very often?

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| --- | --- | --- |
| Label | Code | Go To |
| NEVER | 1 |  |
| ALMOST NEVER | 2 |  |
| SOMETIMES | 3 |  |
| FAIRLY OFTEN | 4 |  |
| VERY OFTEN | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| Cohen perceived Stress Scale |

**MH26000/(NOT\_OVERCOME).** In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?  Would you say never, almost never, sometimes, fairly often, or very often?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NEVER | 1 |  |
| ALMOST NEVER | 2 |  |
| SOMETIMES | 3 |  |
| FAIRLY OFTEN | 4 |  |
| VERY OFTEN | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| Cohen perceived Stress Scale |

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

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

PATERNAL INVOLVEMENT

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

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

**PI01000/(TIMING).** Now I'd like to ask about your spouse or partner's current pregnancy. Did you feel that she became pregnant sooner than you wanted, later than you wanted or at about the right time?

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| --- | --- | --- |
| Label | Code | Go To |
| TOO SOON | 1 |  |
| RIGHT TIME | 2 |  |
| LATER | 3 |  |
| DIDN'T CARE | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| Early Childhood Longitudinal Study, Birth Cohort |

**PI02000.** Have you done any of the following?

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| SOURCE |
| Early Childhood Longitudinal Study, Birth Cohort |

**PI03000/(DISCUSS\_PREG).** Discussed the pregnancy with your spouse/partner?

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

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| SOURCE |
| Early Childhood Longitudinal Study, Birth Cohort |

**PI04000/(SEEN\_SONO).** Seen a sonogram/ultrasound?

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

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| SOURCE |
| Early Childhood Longitudinal Study, Birth Cohort |

**PI05000/(LISTEN\_HEART).** Listened to the baby’s heartbeat?

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

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| SOURCE |
| Early Childhood Longitudinal Study, Birth Cohort |

**PI06000/(FELT\_MOVE).** Felt the baby move?

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

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| SOURCE |
| Early Childhood Longitudinal Study, Birth Cohort |

**PI07000/(ATTEND\_LAMAZE).** Attended childbirth or Lamaze classes?

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

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| SOURCE |
| Early Childhood Longitudinal Study, Birth Cohort |

**PI08000/(BOUGHT\_BABY).** Bought things for the baby?

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

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| SOURCE |
| Early Childhood Longitudinal Study, Birth Cohort |

**PI08100/(PLAN\_ATTEND\_BIRTH).** Do you plan to be present at the birth?

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

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| SOURCE |
| The Fragile Families and Child Well-Being Study |

**PI09000/(CHILD\_LNAME).** Will the {baby/babies} have your last name?

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

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| SOURCE |
| The Fragile Families and Child Well-Being Study |

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| PROGRAMMER INSTRUCTIONS |
| * IF IN MOTHER’S PREGNANCY VISIT 1 INTERVIEW, **MULTIPLE\_GESTATION** =1, -1 OR -2, DISPLAY “baby,” OTHERWISE DISPLAY “babies.”
 |

**PI10000/(WANT\_CHILD\_LNAME).** Do you want the {baby/babies} to have your last name?

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

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| SOURCE |
| The Fragile Families and Child Well-Being Study |

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| PROGRAMMER INSTRUCTIONS |
| * IF IN MOTHER’S PREGNANCY VISIT 1 INTERVIEW, **MULTIPLE\_GESTATION** =1, -1 OR -2, DISPLAY “baby,” OTHERWISE DISPLAY “babies.”
 |

**PI11000/(FAM\_ATTEND\_BIRTH).** Will any of your family members be present for the birth?

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

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| --- |
| SOURCE |
| The Fragile Families and Child Well-Being Study |

**PI12000/(WANT\_FAM\_ATTEND).** Do you want any of your family members to be present for the birth?

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

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| SOURCE |
| The Fragile Families and Child Well-Being Study |

**PI13000.** Here are some statements that have been made about the role of  father and what it means to be a father. For each of the following statements, please tell me whether you strongly agree, agree, disagree, or strongly disagree with the statement.

**PI14000/(F\_TIME\_ESSENTIAL).** It is essential for the child's well being that fathers spend time playing with their children.

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| --- | --- | --- |
| Label | Code | Go To |
| STRONGLY AGREE | 1 |  |
| AGREE | 2 |  |
| DISAGREE | 3 |  |
| STRONGLY DISAGREE | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| Early Childhood Longitudinal Study, Birth Cohort |

**PI15000/(AFFECT\_DIFFICULT).** It is difficult for a father to express affectionate feelings toward babies.

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| --- | --- | --- |
| Label | Code | Go To |
| STRONGLY AGREE | 1 |  |
| AGREE | 2 |  |
| DISAGREE | 3 |  |
| STRONGLY DISAGREE | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| Early Childhood Longitudinal Study, Birth Cohort |

**PI16000/(F\_INVOLVED\_AS\_M).** A father should be as heavily involved as the mother in the care of the child.

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| --- | --- | --- |
| Label | Code | Go To |
| STRONGLY AGREE | 1 |  |
| AGREE | 2 |  |
| DISAGREE | 3 |  |
| STRONGLY DISAGREE | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| Early Childhood Longitudinal Study, Birth Cohort |

**PI17000/(F\_EFFECTS\_BABY).** The way a father treats the baby has long-term effects on the child.

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| --- | --- | --- |
| Label | Code | Go To |
| STRONGLY AGREE | 1 |  |
| AGREE | 2 |  |
| DISAGREE | 3 |  |
| STRONGLY DISAGREE | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| Early Childhood Longitudinal Study, Birth Cohort |

**PI18000/(F\_PROVIDE\_MATTER).** The activities a father does with their children don't matter. What matters more is whether the father provides for them.

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| Label | Code | Go To |
| STRONGLY AGREE | 1 |  |
| AGREE | 2 |  |
| DISAGREE | 3 |  |
| STRONGLY DISAGREE | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| Early Childhood Longitudinal Study, Birth Cohort |

**PI19000/(F\_SUPPORT\_M).** One of the most important things a father can do for the children is to give their mother encouragement and emotional support.

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| Label | Code | Go To |
| STRONGLY AGREE | 1 |  |
| AGREE | 2 |  |
| DISAGREE | 3 |  |
| STRONGLY DISAGREE | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| --- |
| SOURCE |
| Early Childhood Longitudinal Study, Birth Cohort |

**PI20000/(F\_REWARD).** All things considered, fatherhood is a highly rewarding experience.

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| --- | --- | --- |
| Label | Code | Go To |
| STRONGLY AGREE | 1 |  |
| AGREE | 2 |  |
| DISAGREE | 3 |  |
| STRONGLY DISAGREE | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| Early Childhood Longitudinal Study, Birth Cohort |

**PI21000/(F\_LIFE\_WORK\_OUT).** I have always felt pretty sure my life would work out the way I wanted it to.

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| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
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| --- | --- | --- |
| Label | Code | Go To |
| STRONGLY AGREE | 1 |  |
| AGREE | 2 |  |
| DISAGREE | 3 |  |
| STRONGLY DISAGREE | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| National Survey of Families and Household |

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

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| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP.
* IF **PARTICIPANT\_SEX** = 1, GO TO **TIME\_STAMP\_MAS\_ST**.
* IF **PARTICIPANT\_SEX** = 2, GO TO **TIME\_STAMP\_MAS\_ET**.
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MASCULINITY

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

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| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP.
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**MAS01000.** The next few questions ask for your thoughts about men’s lives. For each of the following statements, please tell me whether you strongly agree, agree, neither disagree nor agree, disagree, or strongly disagree with the statement.

**MAS02000/(F\_MASC\_RESP).** A man always deserves the respect of his wife and children.

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* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
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| --- | --- | --- |
| Label | Code | Go To |
| STRONGLY AGREE | 1 |  |
| AGREE | 2 |  |
| NEITHER DISAGREE NOR AGREE | 3 |  |
| DISAGREE | 4 |  |
| STRONGLY DISAGREE | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| Male Role Attitudes Scale (MRAS), Pleck et al. (1993) (modified) |

**MAS03000/(F\_MASC\_CONF).** I admire a man who is totally sure of himself.

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| INTERVIEWER INSTRUCTIONS |
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* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
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| --- | --- | --- |
| Label | Code | Go To |
| STRONGLY AGREE | 1 |  |
| AGREE | 2 |  |
| NEITHER DISAGREE NOR AGREE | 3 |  |
| DISAGREE | 4 |  |
| STRONGLY DISAGREE | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| Male Role Attitudes Scale (MRAS), Pleck et al. (1993) (modified) |

**MAS04000/(F\_MASC\_HUBRIS).** A man will lose respect if he talks about his problems.

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| INTERVIEWER INSTRUCTIONS |
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* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
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| INTERVIEWER INSTRUCTIONS |
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* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| STRONGLY AGREE | 1 |  |
| AGREE | 2 |  |
| NEITHER DISAGREE NOR AGREE | 3 |  |
| DISAGREE | 4 |  |
| STRONGLY DISAGREE | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Male Role Attitudes Scale (MRAS), Pleck et al. (1993) (modified) |

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| PROGRAMMER INSTRUCTIONS |
| * IF **CURRENT\_PARENT** = 1, GO TO **MAS05000**.
* OTHERWISE, GO TO **MAS09000**.
 |

**MAS05000.** Now we’re going to present a few more statements about parenting.  How true do you feel each of the following statements is in your life?

**MAS06000/(F\_PARENT\_HARDER).** Being a parent is harder than I thought it would be.  Would you say this statement is never true, rarely true, sometimes true, mostly true, or always true?

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| Label | Code | Go To |
| NEVER TRUE | 1 |  |
| RARELY TRUE | 2 |  |
| SOMETIMES TRUE | 3 |  |
| MOSTLY TRUE | 4 |  |
| ALWAYS TRUE | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| The 500 Family Study (modified) |

**MAS07000/(F\_GIVE\_LIFE).** I find myself giving up more of my life to meet my child’s needs than I ever expected.  Would you say this statement is never true, rarely true, sometimes true, mostly true, or always true?

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| --- | --- | --- |
| Label | Code | Go To |
| NEVER TRUE | 1 |  |
| RARELY TRUE | 2 |  |
| SOMETIMES TRUE | 3 |  |
| MOSTLY TRUE | 4 |  |
| ALWAYS TRUE | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| The 500 Family Study (modified) |

**MAS08000/(F\_FEEL\_TRAPPED).** I feel trapped by my responsibilities as a parent.  Would you say this statement is never true, rarely true, sometimes true, mostly true, or always true?

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| --- | --- | --- |
| Label | Code | Go To |
| NEVER TRUE | 1 |  |
| RARELY TRUE | 2 |  |
| SOMETIMES TRUE | 3 |  |
| MOSTLY TRUE | 4 |  |
| ALWAYS TRUE | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| The 500 Family Study (modified) |

**MAS09000.** Thank you for participating in the National Children’s Study and for taking the time to complete this interview.

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

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