



Father Pre-Natal Questionnaire - Adult

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 administered 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.

Public reporting burden for this collection of information is estimated to average 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0593*). Do not return the completed form to this address.

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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	<ul style="list-style-type: none"> Limit text to 255 characters
FIRST NAME AND LAST NAME	30	CHARACTER	<ul style="list-style-type: none"> Limit text to 30 characters
ALL ID FIELDS	36	CHARACTER	
ZIP CODE	5	CHARACTER	
ZIP CODE LAST FOUR	4	CHARACTER	
CITY	50	CHARACTER	
DOB AND ALL OTHER DATE FIELDS (E.G., DT, DATE, ETC.)	10	NUMERIC CHARACTER	<ul style="list-style-type: none"> DISPLAY AS MM/DD/YYYY STORE AS YYYY-MM-DD HARD EDITS: MM MUST EQUAL 01 TO 12 DD MUST EQUAL 01 TO 31 YYYY MUST BE BETWEEN 1900 AND CURRENT YEAR.
TIME VARIABLES	TWO-DIGIT HOUR AND TWO-DIGIT MINUTE, AM/PM DESIGNATION	NUMERIC	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> HARD EDITS: HOURS MUST BE BETWEEN 1 AND 24
NUMBER OF DAYS PER WEEK	ONE-DIGIT	NUMERIC	<ul style="list-style-type: none"> 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	

Label	Code	Go To
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 Survey
Current: 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	

SOURCE

U.S. Department of Health and Human Services Data Collection Standards for Race,

SOURCE

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 **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	

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 **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)

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	

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)

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

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 OF 1 THROUGH 3, GO TO THINK_RACE.

PROGRAMMER INSTRUCTIONS

- 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

SOURCE

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

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)

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 Act
 Current: 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 Act
 Current: 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

SOURCE
 U.S. Department of Health and Human Services Data Collection Standards for Race,

SOURCE

Ethnicity, Sex, Primary Language, and Disability Status required by Section 4302 of the Affordable Care Act

Current: National Children's Study, Vanguard Phase (PV1)

DEM20000/(OTHER_LANG_OTH). SPECIFY: _____

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

SOURCE

U.S. Department of Health and Human Services Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status required by Section 4302 of the Affordable Care Act

Current: National Children's Study, Vanguard Phase (PV1)

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 Act
 Current: 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 Act
 Current: 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 Act
 Current: 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 Act

Current: 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 Census
Legacy: 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 Cohort
Legacy: 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 Census
Legacy: 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 Census

Legacy: 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 2006
Current: 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 2006
Current: 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	

Label	Code	Go To
DON'T KNOW	-2	

SOURCE

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

(TIME_STAMP_HI_ET).

PROGRAMMER INSTRUCTIONS

- | |
|---|
| <ul style="list-style-type: none">• 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 Study
Legacy: 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
<ul style="list-style-type: none"> IF ASKED, RESPOND "Please include support from <u>any</u> 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
<ul style="list-style-type: none"> IF F_MARISTAT = 1 OR 2, GO TO PARTNER_LISTEN. OTHERWISE, GO TO TIME_STAMP_SR_ET.

(TIME_STAMP_SRH_ST).

PROGRAMMER INSTRUCTIONS
<ul style="list-style-type: none"> 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	

Label	Code	Go To
DON'T KNOW	-2	

SOURCE

American Changing Lives Study

SR12000/(SATISFIED_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	

Label	Code	Go To
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, CAPS
Legacy: 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 System
 Legacy: 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	

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

SOURCE
National Survey of Family Growth Legacy: 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
<ul style="list-style-type: none"> • 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 System
Legacy: National Children's Study, Legacy Phase (T1 Mother)
Current: National Children's Study, Vanguard Phase (PV1)

(TIME_STAMP_SRH_ET).

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 Survey
Legacy: 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 Survey Legacy: 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?

INTERVIEWER INSTRUCTIONS
<ul style="list-style-type: none"> • 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 Survey Legacy: 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?

INTERVIEWER INSTRUCTIONS
<ul style="list-style-type: none"> • 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 Survey Legacy: 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?

INTERVIEWER INSTRUCTIONS	
<ul style="list-style-type: none"> • 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 Survey Legacy: 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?

INTERVIEWER INSTRUCTIONS	
<ul style="list-style-type: none"> • 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 Survey Legacy: 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	
<ul style="list-style-type: none"> • SELECT ALL THAT APPLY. 	

Label	Code	Go To
BRAIN	1	
BREAST	2	
COLON	3	
HODGKIN'S LYMPHOMA	4	
LEUKEMIA	5	

Label	Code	Go To
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 Survey
 Legacy: 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 Survey
 Legacy: 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	

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

SOURCE

National Health and Nutrition Examination Survey
Legacy: 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 Survey
Legacy: 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 Survey
Legacy: National Children's Study, Legacy Phase (T1 Father)

MC13000/(F_AUTOIMMUNE_TYPE_OTH).

SPECIFY: _____

Label	Code	Go To
REFUSED	-1	

Label	Code	Go To
DON'T KNOW	-2	

SOURCE

National Health and Nutrition Examination Survey
 Legacy: 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 Survey
 Legacy: 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	

SOURCE

National Health and Nutrition Examination Survey
 Legacy: 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 Survey Legacy: 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
<ul style="list-style-type: none"> • 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 Survey Legacy: 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
<ul style="list-style-type: none"> • 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 Survey Legacy: 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 Survey
Legacy: 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 Survey
Legacy: 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 Survey Legacy: 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 Survey Legacy: National Children's Study, Legacy Phase (T1 Father)

PROGRAMMER INSTRUCTIONS
<ul style="list-style-type: none"> SEPARATE OTHER CHRONIC CONDITIONS WITH COMMAS.

(TIME_STAMP_MC_ET).

PROGRAMMER INSTRUCTIONS
<ul style="list-style-type: none"> 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	1	

Label	Code	Go To
DAY)		
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.

INTERVIEWER INSTRUCTIONS

- 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.

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)

MH11000/(FELT_FEARFUL). I felt fearful.

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)

MH12000/(SLEEP_RESTLESS). My sleep was restless.

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)

MH13000/(HAPPY). I was happy.

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)

MH14000/(TALKED_LESS). I talked less than usual.

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)

MH15000/(FELT_LONELY). I felt lonely.

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)

MH16000/(PEOPLE_UNFRIENDLY). People were unfriendly.

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)

MH17000/(ENJOYED_LIFE). I enjoyed life.

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)

MH18000/(CRYING_SPELLS). I had crying spells.

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)

SOURCE

Legacy: National Children's Study, Legacy Phase (T1, T3 First Mother)

MH19000/(FELT_SAD). I felt sad.

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)

MH20000/(FEEL_PEOP_DISLIKE). I felt that people dislike me.

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)

MH21000/(NOT_GET_GOING). I could not "get going."

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)

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	

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?

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

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?

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

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	

SOURCE

Cohen perceived Stress Scale

(TIME_STAMP_MH_ET).

PROGRAMMER INSTRUCTIONS

- INSERT DATE/TIME STAMP.

PATERNAL INVOLVEMENT

(TIME_STAMP_PI_ST).

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?

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

SOURCE

Early Childhood Longitudinal Study, Birth Cohort

PI02000. Have you done any of the following?

SOURCE

Early Childhood Longitudinal Study, Birth Cohort

PI03000/(DISCUSS_PREG). Discussed the pregnancy with your spouse/partner?

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

SOURCE

Early Childhood Longitudinal Study, Birth Cohort

PI04000/(SEEN_SONO). Seen a sonogram/ultrasound?

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

SOURCE

Early Childhood Longitudinal Study, Birth Cohort

PI05000/(LISTEN_HEART). Listened to the baby's heartbeat?

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

SOURCE

Early Childhood Longitudinal Study, Birth Cohort

PI06000/(FELT_MOVE). Felt the baby move?

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

SOURCE

Early Childhood Longitudinal Study, Birth Cohort

PI07000/(ATTEND_LAMAZE). Attended childbirth or Lamaze classes?

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

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	

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	

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

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	

SOURCE

The Fragile Families and Child Well-Being Study

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	

SOURCE

The Fragile Families and Child Well-Being Study

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?

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

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?

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

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.

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
STRONGLY AGREE	1	
AGREE	2	
DISAGREE	3	
STRONGLY DISAGREE	4	
REFUSED	-1	
DON'T KNOW	-2	

SOURCE

Early Childhood Longitudinal Study, Birth Cohort

PI15000/(AFFECT_DIFFICULT). It is difficult for a father to express affectionate feelings toward babies.

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
STRONGLY AGREE	1	
AGREE	2	
DISAGREE	3	
STRONGLY DISAGREE	4	
REFUSED	-1	

Label	Code	Go To
DON'T KNOW	-2	

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.

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
STRONGLY AGREE	1	
AGREE	2	
DISAGREE	3	
STRONGLY DISAGREE	4	
REFUSED	-1	
DON'T KNOW	-2	

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.

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
STRONGLY AGREE	1	
AGREE	2	
DISAGREE	3	
STRONGLY DISAGREE	4	
REFUSED	-1	
DON'T KNOW	-2	

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.

INTERVIEWER INSTRUCTIONS

- IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO

INTERVIEWER INSTRUCTIONS

APPROPRIATE SHOWCARD.

- IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.

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

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.

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
STRONGLY AGREE	1	
AGREE	2	
DISAGREE	3	
STRONGLY DISAGREE	4	
REFUSED	-1	
DON'T KNOW	-2	

SOURCE

Early Childhood Longitudinal Study, Birth Cohort

PI20000/(F_REWARD). All things considered, fatherhood is a highly rewarding experience.

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
STRONGLY AGREE	1	
AGREE	2	
DISAGREE	3	
STRONGLY DISAGREE	4	
REFUSED	-1	
DON'T KNOW	-2	

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.

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
STRONGLY AGREE	1	
AGREE	2	
DISAGREE	3	
STRONGLY DISAGREE	4	
REFUSED	-1	
DON'T KNOW	-2	

SOURCE

National Survey of Families and Household

(TIME_STAMP_PI_ET).

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.

MASCULINITY

(TIME_STAMP_MAS_ST).

PROGRAMMER INSTRUCTIONS

- INSERT DATE/TIME STAMP.

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.

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
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)

MAS03000/(F_MASC_CONF). I admire a man who is totally sure of himself.

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
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)

MAS04000/(F_MASC_HUBRIS). A man will lose respect if he talks about his problems.**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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- IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
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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	

SOURCE

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

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?

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	

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?

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	

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?

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	

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).

PROGRAMMER INSTRUCTIONS

- INSERT DATE/TIME STAMP.