



Father Pre-Natal Questionnaire - Household

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:	7 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 7 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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Father Pre-Natal Questionnaire - Household

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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	
<ul style="list-style-type: none"> • INSERT DATE/TIME STAMP. • PRELOAD RESPONDENT ID (R_P_ID) FOR ADULT CAREGIVER-IDENTIFIED FATHER/FATHER-FIGURE AND FATHER/FATHER FIGURE'S HOUSEHOLD ID (HH_ID). 	

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	
<ul style="list-style-type: none"> • 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_INC_ET
REFUSED	-1	TIME_STAMP_INC_ET
DON'T KNOW	-2	TIME_STAMP_INC_ET

SOURCE	
New	

INTERVIEWER INSTRUCTIONS	
<ul style="list-style-type: none"> • DETERMINE IF BETTER TIME TO CONTACT FATHER FOR INTERVIEW. 	

(TIME_STAMP_II_ET).

PROGRAMMER INSTRUCTIONS	
<ul style="list-style-type: none"> • INSERT DATE/TIME STAMP. 	

OCCUPATIONAL EXPOSURES

(TIME_STAMP_OE_ST).

PROGRAMMER INSTRUCTIONS

- INSERT DATE/TIME STAMP.

OE01000. Now I want to ask about any cleaning products, chemicals, pesticides, radiation, or bacteria or viruses that you may have worked around or used during the **past 3 months** at any job, school, or hobby. Do not include regular household use. When answering these questions, please consider all jobs, schools, and hobbies that you do for at least 4 hours per week.

OE02000/(ANY_EXPOSURE). In the **past 3 months**, have you used or worked around any {cleaning products, such as bleach, ammonia, or detergents}/{chemicals, such as paints, fuels, solvents, oils, glues, or hair or nail products}/{pesticides that you've mixed or applied}/{dusts, including wood or mining dust}/{fumes or gases, such as from anesthetic gases, ethylene oxide, welding or asphalt fumes, or engine exhaust}/{radiation, including x-rays, fluoroscopy, or radioisotopes}/{bacteria or viruses, such as those used in a laboratory setting}?

INTERVIEWER INSTRUCTIONS

- PROBE: Only include activities that you do for 4 hours per week or longer.
- IF NEEDED: Again, do not include regular household use.

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

SOURCE

National Children's Study, Legacy Phase (T1 Mother, P1, T1 First)

PROGRAMMER INSTRUCTIONS

- BASED ON RESPONSE TO **ANY_EXPOSURE**, LOOP THROUGH **ANY_EXPOSURE - WASH_SEPARATE** FOR CLEANING PRODUCTS, CHEMICALS, PESTICIDES, DUSTS, FUMES, RADIATION, AND BACTERIA.
 - o IF **ANY_EXPOSURE** = 1, GO TO **EXPOSURE_NAME**.
 - o IF **ANY_EXPOSURE** ≠ 1 AND NUMBER OF LOOPS ≠ 7, GO TO **ANY_EXPOSURE** FOR NEXT CYCLE.
 - o IF **ANY_EXPOSURE** ≠ 1 AND NUMBER OF LOOPS = 7, GO TO **TIME_STAMP_OE_ET**.
- IF FIRST CYCLE, DISPLAY "cleaning products, such as bleach, ammonia, or detergents".
- IF SECOND CYCLE, DISPLAY "chemicals, such as paints, fuels, solvents, oils, glues, or hair or nail products".
- IF THIRD CYCLE, DISPLAY "pesticides that you've mixed or applied".
- IF FOURTH CYCLE, DISPLAY "dusts, including wood or mining dust".
- IF FIFTH CYCLE, DISPLAY "fumes or gases, such as from anesthetic gases, ethylene oxide, welding or asphalt fumes, or engine exhaust".
- IF SIXTH CYCLE, DISPLAY "radiation, including x-rays, fluoroscopy, or

PROGRAMMER INSTRUCTIONS

- radioisotopes".
- IF SEVENTH CYCLE, DISPLAY "bacteria or viruses, such as those used in a laboratory setting".

OE03000/(EXPOSURE_NAME). Please tell me the name of (or describe) the {cleaning products}/{chemicals}/{pesticides}/{dusts}/{fumes or gases}/{radiation}/{bacteria or viruses}?

NAME OR DESCRIPTION OF EXPOSURE

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

SOURCE

National Children’s Study, Legacy Phase (T1 Mother, P1, T1 First)

PROGRAMMER INSTRUCTIONS

- IF FIRST CYCLE, DISPLAY "cleaning products".
- IF SECOND CYCLE, DISPLAY "chemicals".
- IF THIRD CYCLE, DISPLAY "pesticides".
- IF FOURTH CYCLE, DISPLAY "dusts".
- IF FIFTH CYCLE, DISPLAY "fumes or gases".
- IF SIXTH CYCLE, DISPLAY "radiation".
- IF SEVENTH CYCLE, DISPLAY "bacteria or viruses".

OE04000/(HANDLE_DIRECT). Do you handle or work directly with the {cleaning products}/{chemicals}/{pesticides}/{dusts}/{fumes or gases}/{radiation}/{bacteria or viruses} or do you just work around it or them?

INTERVIEWER INSTRUCTIONS

- IF NEEDED: By "handle or work with" we mean, touch, pour or work directly with the product.

Label	Code	Go To
HANDLE DIRECTLY (POUR, TOUCH, ETC.)	1	EXPOSURE_PPE
JUST WORK AROUND THE MATERIAL	2	EXPOSURE_PPE
OTHER	-5	
REFUSED	-1	EXPOSURE_PPE
DON'T KNOW	-2	EXPOSURE_PPE

SOURCE

National Children’s Study, Legacy Phase (T1 Mother, P1, T1 First)

PROGRAMMER INSTRUCTIONS

- IF FIRST CYCLE, DISPLAY "cleaning products".

PROGRAMMER INSTRUCTIONS

- IF SECOND CYCLE, DISPLAY “chemicals”.
- IF THIRD CYCLE, DISPLAY “pesticides”.
- IF FOURTH CYCLE, DISPLAY “dusts”.
- IF FIFTH CYCLE, DISPLAY “fumes or gases”.
- IF SIXTH CYCLE, DISPLAY “radiation”.
- IF SEVENTH CYCLE, DISPLAY “bacteria or viruses.”

OE05000/(HANDLE_DIRECT_OTH).

SPECIFY:

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

SOURCE

National Children’s Study, Legacy Phase (T1 Mother, P1, T1 First)

OE06000/(EXPOSURE_PPE). Now thinking of the {cleaning products}/{chemicals}/{pesticides}/{dusts}/{fumes or gases}/{radiation}/{bacteria or viruses} that you just mentioned, during the past 3 months, how often did you wear or use personal protective equipment to protect yourself from the {cleaning products}/{chemicals}/{pesticides}/{dusts}/{fumes or gases}/{radiation}/{bacteria or viruses}? By personal protective equipment, I mean things like gloves, dust masks, goggles, aprons, lab coats, or other protective clothing. Would you say you always, often, rarely, or never use personal protective equipment?

Label	Code	Go To
ALWAYS	1	
OFTEN	2	
RARELY	3	
NEVER	4	VENTILATION
REFUSED	-1	VENTILATION
DON'T KNOW	-2	VENTILATION

SOURCE

National Children’s Study, Legacy Phase (T1 Mother, P1, T1 First)

PROGRAMMER INSTRUCTIONS

- IF FIRST CYCLE, DISPLAY “cleaning products”.
- IF SECOND CYCLE, DISPLAY “chemicals”.
- IF THIRD CYCLE, DISPLAY “pesticides”.
- IF FOURTH CYCLE, DISPLAY “dusts”.
- IF FIFTH CYCLE, DISPLAY “fumes or gases”.
- IF SIXTH CYCLE, DISPLAY “radiation”.
- IF SEVENTH CYCLE, DISPLAY “bacteria or viruses”.

OE07000/(PPE_TYPE). Please tell me which types of protective clothing or equipment you have worn.

INTERVIEWER INSTRUCTIONS

- PROBE: Any other protective clothing or equipment?
- SELECT ALL THAT APPLY.

Label	Code	Go To
Gloves	1	
Overalls	2	
Overcoat/lab coat/smock/apron	3	
Dust mask	4	
Respirator	5	
Goggles/safety glasses/face shield	6	
Work boots/shoes	7	
Lead apron	8	
Some other type of protective clothing or equipment	-5	
REFUSED	-1	
DON'T KNOW	-2	

SOURCE

National Children's Study, Legacy Phase (T1 Mother, P1, T1 First)

PROGRAMMER INSTRUCTIONS

- IF PPE_TYPE = -5, OR ANY COMBINATION OF 1-8 AND -5, GO TO PPE_TYPE_OTH.
- IF PPE_TYPE = -1 OR -2, DO NOT ALLOW SELECTION OF ANY OTHER RESPONSE AND GO TO VENTILATION.
- OTHERWISE, GO TO PROGRAMMER INSTRUCTIONS FOLLOWING PPE_TYPE_OTH.

OE08000/(PPE_TYPE_OTH).

SPECIFY: _____

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

SOURCE

National Children's Study, Legacy Phase (T1 Mother, P1, T1 First)

PROGRAMMER INSTRUCTIONS

- SEPARATE OTHER TYPES OF PROTECTIVE CLOTHING OR EQUIPMENT WITH COMMAS.
- IF PPE_TYPE = 5, OR ANY COMBINATION OF RESPONSES THAT INCLUDE 5, GO TO RESPIRATOR.
- OTHERWISE, GO TO VENTILATION.

OE09000/(RESPIRATOR). What type of respirator was it?

Label	Code	Go To
A half-mask chemical cartridge respirator, which is silicone or rubber and covers your mouth and nose	1	VENTILATION
A full-mask chemical cartridge respirator, which is silicone or rubber and covers your eyes, nose, and mouth	2	VENTILATION
An air-supplied or SCBA respirator	3	VENTILATION
Some other kind of respirator	-5	
REFUSED	-1	VENTILATION
DON'T KNOW	-2	VENTILATION

SOURCE

National Children's Study, Legacy Phase (T1 Mother, P1, T1 First)

OE10000/(RESPIRATOR_OTH).

SPECIFY: _____

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

SOURCE

National Children's Study, Legacy Phase (T1 Mother, P1, T1 First)

INTERVIEWER INSTRUCTIONS

- SEPARATE OTHER RESPIRATOR TYPES WITH COMMAS.

OE11000/(VENTILATION). Is there any kind of a ventilation system to remove exhaust, dust, smoke or fumes from the area? By ventilation system we mean purposely opening windows or doors, using a fume hood, or other ventilation system.

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

SOURCE

National Children's Study, Legacy Phase (T1 Mother, P1, T1 First)

OE12000/(VENT_TYPE). What ventilation systems are used to remove exhaust, dust, smoke or fumes from the area?

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

Label	Code	Go To
General ventilation, meaning open doors or windows, fans, etc.	1	
A regular ventilation system for building and room heating and cooling	2	
A fume hood, lab hood, or other partially enclosed equipment	3	
A glove box or other totally enclosed equipment	4	
A portable exhaust hose or tube, such as those used for welding or to attach to vehicle tailpipe	5	
Some other type of ventilation system	-5	
REFUSED	-1	
DON'T KNOW	-2	

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

PROGRAMMER INSTRUCTIONS
<ul style="list-style-type: none"> IF VENT_TYPE = ANY COMBINATION OF 1 THROUGH 5, GO TO EXPOSE_SKIN_CLOTHES. IF VENT_TYPE = -5, OR ANY COMBINATION OF 1 THROUGH 5 AND -5, GO TO VENT_TYPE_OTH. IF VENT_TYPE = -1 OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES AND GO TO EXPOSE_SKIN_CLOTHES.

OE13000/(VENT_TYPE_OTH).
SPECIFY: _____

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

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

PROGRAMMER INSTRUCTIONS

- SEPARATE OTHER VENTILATION TYPES WITH COMMAS.

OE14000/(EXPOSE_SKIN_CLOTHES). Now thinking of the {cleaning products}/{chemicals}/{pesticides}/{dusts}/{fumes or gases}/{radiation}/{bacteria or viruses}, do you ever routinely come home with dirty or stained skin, work clothes, or shoes? By “dirty” or “stained” we mean your skin or clothes have dust, grease, or other visible chemical spots on them.

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

SOURCE

National Children’s Study, Legacy Phase (6M)

PROGRAMMER INSTRUCTIONS

- IF FIRST CYCLE, DISPLAY “cleaning products”.
- IF SECOND CYCLE, DISPLAY “chemicals”.
- IF THIRD CYCLE, DISPLAY “pesticides”.
- IF FOURTH CYCLE, DISPLAY “dusts”.
- IF FIFTH CYCLE, DISPLAY “fumes or gases”.
- IF SIXTH CYCLE, DISPLAY “radiation”.
- IF SEVENTH CYCLE, DISPLAY “bacteria or viruses”.
- IF **EXPOSE_SKIN_CLOTHES** = 2, -1, OR -2, GO TO PROGRAMMER INSTRUCTIONS FOLLOWING **WASH_SEPARATE**.
- OTHERWISE, GO TO **OE15000**.

OE15000. During the past 3 months, how often did you come home with the {cleaning products}/{chemicals}/{pesticides}/{dusts}/{fumes or gases}/{radiation}/{bacteria or viruses} mentioned...

SOURCE

National Children’s Study, Legacy Phase (6M)

PROGRAMMER INSTRUCTIONS

- IF FIRST CYCLE, DISPLAY “cleaning products”.
- IF SECOND CYCLE, DISPLAY “chemicals”.
- IF THIRD CYCLE, DISPLAY “pesticides”.
- IF FOURTH CYCLE, DISPLAY “dusts”.
- IF FIFTH CYCLE, DISPLAY “fumes or gases”.
- IF SIXTH CYCLE, DISPLAY “radiation”.
- IF SEVENTH CYCLE, DISPLAY “bacteria or viruses”.

OE16000/(DIRTY_HANDS). On your hands or skin?

Label	Code	Go To
Never	1	

Label	Code	Go To
Once	2	
1-2 times a month	3	
1-2 times a week	4	
3-4 times a week	5	
5-6 times a week	6	
Every day	7	
REFUSED	-1	
DON'T KNOW	-2	

SOURCE

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

OE17000/(DIRTY_SHOES). On your work shoes that you wear inside your home?

Label	Code	Go To
Never	1	
Once	2	
1-2 times per month	3	
1-2 times a week	4	
3-4 times a week	5	
5-6 times a week	6	
Every day	7	
REFUSED	-1	
DON'T KNOW	-2	

SOURCE

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

OE18000/(DIRTY_CLOTHES). On your work clothes that you wear inside your home?

Label	Code	Go To
Never	1	
Once	2	
1-2 times per month	3	
1-2 times a week	4	
3-4 times a week	5	
5-6 times a week	6	
Every day	7	
REFUSED	-1	
DON'T KNOW	-2	

SOURCE

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

OE19000/(WASH_CLOTHES). How often do you wash the work clothes that have been soiled with {cleaning products}/{chemicals}/{pesticides}/{dusts}/{fumes or gases}/{radiation}/{bacteria or viruses} at home?

Label	Code	Go To
Never	1	
Once	2	
1-2 times a month	3	
1-2 times a week	4	
3-4 times a week	5	
5-6 times a week	6	
Every day	7	
REFUSED	-1	
DON'T KNOW	-2	

SOURCE

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

PROGRAMMER INSTRUCTIONS

- IF FIRST CYCLE, DISPLAY "cleaning products".
- IF SECOND CYCLE, DISPLAY "chemicals".
- IF THIRD CYCLE, DISPLAY "pesticides".
- IF FOURTH CYCLE, DISPLAY "dusts".
- IF FIFTH CYCLE, DISPLAY "fumes or gases".
- IF SIXTH CYCLE, DISPLAY "radiation".
- IF SEVENTH CYCLE, DISPLAY "bacteria or viruses".
- IF **WASH_CLOTHES** = 1, -1, OR -2, GO TO PROGRAMMER INSTRUCTIONS FOLLOWING **WASH_SEPARATE**.
- OTHERWISE, GO TO **WASH_SEPARATE**.

OE20000/(WASH_SEPARATE). Are these dirty work clothes washed separately from other clothes?

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

SOURCE

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

PROGRAMMER INSTRUCTIONS

- IF NUMBER OF LOOPS < 7 GO TO **ANY_EXPOSURE** AND BEGIN NEXT LOOP.
- IF NUMBER OF LOOPS = 7, GO TO **TIME_STAMP_OE_ET**.

(TIME_STAMP_OE_ET).

PROGRAMMER INSTRUCTIONS

- INSERT DATE/TIME STAMP.

EXPOSURE TO TOBACCO SMOKE

(TIME_STAMP_ETS_ST).

PROGRAMMER INSTRUCTIONS

- INSERT DATE/TIME STAMP.

ETS01000. The next few questions are about cigarette smoking in your home.

ETS02000/(SMOKE_INSIDE). Does anyone smoke inside the house?

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

SOURCE

NC Herald Study, CAPS
Legacy: National Children's Study, Legacy Phase (6M, 12M)

ETS03000/(SMOKE_RULES). Which of the following statements describes the rules about smoking inside your home now?

Label	Code	Go To
No one is allowed to smoke anywhere inside my home	1	
Smoking is allowed in some rooms at some times	2	
Smoking is permitted anywhere inside my home	3	
REFUSED	-1	
DON'T KNOW	-2	

SOURCE

NC Herald Study, CAPS
Legacy: National Children's Study, Legacy Phase (6M, 12M)

(TIME_STAMP_ETS_ET).

PROGRAMMER INSTRUCTIONS

- INSERT DATE/TIME STAMP.

INCOME

(TIME_STAMP_INC_ST).

PROGRAMMER INSTRUCTIONS

- | |
|---|
| <ul style="list-style-type: none"> INSERT DATE/TIME STAMP. |
|---|

INC01000. Now I'm going to ask a few questions about your income. Family income is important in analyzing the data we collect and is often used in scientific studies to compare groups of people who are similar. Please remember that all the information you provide is confidential.

Please think about your total combined family income during {CURRENT YEAR – 1} for all members of the family.

PROGRAMMER INSTRUCTIONS

- | |
|---|
| <ul style="list-style-type: none"> CALCULATE AND DISPLAY CURRENT YEAR MINUS 1. |
|---|

INC02000/(HH_MEMBERS). How many household members are supported by your total combined family income?

--	--	--

 NUMBER

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

SOURCE

New

PROGRAMMER INSTRUCTIONS

- | |
|--|
| <ul style="list-style-type: none"> RESPONSE MUST BE > 0. INCLUDE A SOFT EDIT IF RESPONSE IS > 15. IF HH_MEMBERS = 1, -1, OR -2, GO TO INCOME_4CAT. OTHERWISE, IF HH_MEMBERS > 1, GO TO NUM_CHILD. |
|--|

INC03000/(NUM_CHILD). How many of those people are children? Please include anyone under 18 years or anyone older than 18 years and in high school.

--	--	--

 NUMBER

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

SOURCE

Survey of Income and Program Participation Legacy: National Children's Study, Legacy Phase (T1 Mother) Current: National Children's Study, Vanguard Phase (Pre-Preg, PV1, 3M, 18M)
--

PROGRAMMER INSTRUCTIONS

- INCLUDE HARD EDIT IF NUM_CHILD > HH_MEMBERS.
- INCLUDE SOFT EDIT IF RESPONSE > 10.

INC04000/(INCOME_4CAT). Of these income groups, which category best represents your total combined family income during the last calendar year?

INTERVIEWER INSTRUCTIONS

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

Label	Code	Go To
LESS THAN \$30,000	1	
\$30,000-\$49,999	2	
\$50,000-\$99,999	3	
\$100,000 OR MORE	4	
REFUSED	-1	
DON'T KNOW	-2	

SOURCE

Survey of Income and Program Participation
Current: National Children's Study, Vanguard Phase (Preg Screen, 3M, 18M)

INC05000/(EDUC). What is the highest degree or level of school that you have completed?

INTERVIEWER INSTRUCTIONS

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

Label	Code	Go To
LESS THAN A HIGH SCHOOL DIPLOMA OR GED	1	
HIGH SCHOOL DIPLOMA OR GED	2	
SOME COLLEGE BUT NO DEGREE	3	
ASSOCIATE DEGREE (FOR EXAMPLE, AA)	4	
BACHELOR'S DEGREE (FOR EXAMPLE, BA, BS)	5	
POST GRADUATE DEGREE (FOR EXAMPLE, MASTERS OR DOCTORAL)	6	
REFUSED	-1	
DON'T KNOW	-2	

SOURCE

CENSUS

Legacy: National Children's Study, Legacy Phase (T1 Mother, P1)

(TIME_STAMP_INC_ET).

PROGRAMMER INSTRUCTIONS

- INSERT DATE/TIME STAMP.