

Birth Questionnaire – Household

|  |  |
| --- | --- |
| Event Category: | Time-Based |
| Event: | Birth |
| Administration: | N/A |
| Instrument Target: | Child's Primary Residence |
| Instrument Respondent: | Biological Mother |
| 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: | 2 minutes |
| Multiple Child/Sibling Consideration: | Per Event |
| Special Considerations: | N/A |
| Version: | 1.0 |
| MDES Release: | 4.0 |

\*This instrument is OMB-approved for multi-mode administration but this version of the instrument is designed for administration in this/these mode(s) only.

This page intentionally left blank.

Birth Questionnaire – Household

TABLE OF CONTENTS

[GENERAL PROGRAMMER INSTRUCTIONS: 1](#_Toc371091781)

[HOUSING CHARACTERISTICS 3](#_Toc371091782)

[ENVIRONMENTAL EXPOSURES 6](#_Toc371091783)

This page intentionally left blank.

Birth Questionnaire – Household

GENERAL PROGRAMMER INSTRUCTIONS:

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

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

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

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

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

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

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

**A REMINDER:**

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

HOUSING CHARACTERISTICS

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP
* PRELOAD **HH\_ID** FOR CHILD'S PRIMARY RESIDENCE AND **R\_P\_ID** FOR ADULT CAREGIVER.
* IF **LENGTH\_RESIDE** AND **LENGTH\_RESIDE\_UNIT** COLLECTED PREVIOUSLY AND ≠ -1 OR -2, GO TO **RECENT\_MOVE**.
* OTHERWISE, GO TO **OWN\_HOME**.
 |

**HC01000/(RECENT\_MOVE).** Have you moved or changed your housing situation since we contacted you last?

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

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

**HC02000/(OWN\_HOME).** Is your current home…

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

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

**HC03000/(OWN\_HOME\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**HC04000/(AGE\_HOME).** Can you tell me when your home or building was built? Was it between…

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

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

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

**HC05000.** How long have you lived in this home?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * ENTER IN NUMERIC VALUE AND SELECT ASSOCIATED UNIT OF TIME
 |

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

**(LENGTH\_RESIDE)** l\_\_\_l\_\_\_l

NUMBER

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

**(LENGTH\_RESIDE\_UNIT)**

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| WEEKS | 1 |  |
| MONTHS | 2 |  |
| YEARS | 3 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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

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

ENVIRONMENTAL EXPOSURES

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

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

**EE00100.** The next few questions ask about any recent additions or renovations to your home.

**EE01000/(RENOVATE).** {In the past 6 months/Since our last contact}, have any additions or renovations been done to your home? Include only major projects that made your home larger or involved construction. Do not count smaller projects such as painting or wallpapering, carpeting, or refinishing floors.

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

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **EVENT\_TYPE** = 13 (PV1) NOT SET TO COMPLETE, DISPLAY "In the past 6 months".
* OTHERWISE, IF **EVENT\_TYPE** = 13 (PV1) SET TO COMPLETE, DISPLAY "Since our last contact".
 |

**EE02000/(RENOVATE\_ROOM).** Which rooms were renovated or added?

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

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

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **RENOVATE\_ROOM**= ANY COMBINATION OF 1 THROUGH 7, GO TO **DECORATE**.
* IF **RENOVATE\_ROOM**= -5, OR ANY COMBINATION OF 1 THROUGH 7 AND -5, GO TO **RENOVATE\_ROOM\_OTH**.
* IF **RENOVATE\_ROOM**= -1 OR -2, DO NOT ALLOW ANY OTHER RESPONSES, AND GO TO **DECORATE**.
 |

**EE03000/(RENOVATE\_ROOM\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**EE04000/(DECORATE).** {In the past 6 months/Since our last contact}, were any smaller projects done to your home, such as painting, wallpapering, refinishing floors, or installing new carpet?

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

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **EVENT\_TYPE** = 13 (PV1) NOT SET TO COMPLETE, DISPLAY "In the past 6 months".
* OTHERWISE, IF **EVENT\_TYPE** = 13 (PV1) SET TO COMPLETE, DISPLAY "Since our last contact".
 |

**EE05000/(DECORATE\_ROOM).** In which rooms were these smaller projects done?

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

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

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **DECORATE\_ROOM**= ANY COMBINATION OF 1 THROUGH 7, GO TO **SMOKE**.
* IF **DECORATE\_ROOM**= -5 OR ANY COMBINATION OF 1 THROUGH 7 AND -5, GO TO **DECORATE\_ROOM\_OTH**.
* IF **DECORATE\_ROOM**=-1 OR -2, DO NOT ALLOW ANY OTHER RESPONSES AND GO TO **SMOKE**.
 |

**EE06000/(DECORATE\_ROOM\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**EE07000/(SMOKE).** Currently, do you or others in your household smoke cigarettes, cigarillos, cigars, pipes or other tobacco products?

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

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

**EE08000/(SMOKE\_LOCATE).** Do those in your household who smoke usually smoke indoors, outdoors, or both indoors and outdoors?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| INDOORS | 1 |  |
| OUTDOORS | 2 |  |
| BOTH | 3 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study Vanguard Phase (Birth) |

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

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