



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.

Public reporting burden for this collection of information is estimated to average 2 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	NUMERIC	
ZIP CODE LAST FOUR	4	NUMERIC	
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

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	
<ul style="list-style-type: none"> • 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 \neq -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) |__|__|
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
<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • 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	

Label	Code	Go To
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

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