

3M Questionnaire - Child

|  |  |
| --- | --- |
| Event Category: | Time-Based |
| Event: | 3M |
| Administration: | N/A |
| Instrument Target: | Child |
| Instrument Respondent: | Primary Caregiver |
| 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: | 12 minutes |
| Multiple Child/Sibling Consideration: | Per Child |
| 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.

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3M Questionnaire - Child

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3M Questionnaire - Child

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 | NUMERIC  CHARACTER | * 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 | * 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.**

SLEEP ENVIRONMENT

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP * PRELOAD PARTICIPANT ID (**P\_ID**) FOR CHILD AND RESPONDENT ID (**R\_P\_ID**) FOR ADULT CAREGIVER. * PRELOAD FIRST NAME OF CHILD (**C\_FNAME**) FROM  PARTICIPANT VERIFICATION, SCHEDULING, & TRACING QUESTIONNAIRE AND DISPLAY APPROPRIATE NAME IN “**C\_FNAME**” THROUGHOUT THE INSTRUMENT. * OTHERWISE, IF **C\_FNAME** IN PARTICIPANT VERIFICATION, SCHEDULING, & TRACING = -1 OR -2, DISPLAY “the child” IN APPROPRIATE FIELDS THROUGHOUT THE INSTRUMENT. * IF **CHILD\_SEX** IN PARTICIPANT VERIFICATION, SCHEDULING, & TRACING QUESTIONNAIRE = 1, DISPLAY “his”, “he”, OR “himself” IN APPROPRIATE FIELDS THROUGHOUT INSTRUMENT. * IF **CHILD\_SEX** IN PARTICIPANT VERIFICATION, SCHEDULING, & TRACING QUESTIONNAIRE = 2, DISPLAY “her”, “she”, OR “herself” IN APPROPRIATE FIELDS THROUGHOUT INSTRUMENT. |

**SL01000.** Now, I would like to ask you about {C\_FNAME/the child}, starting with {his/her} sleeping habits.

**SL02000/(SLEEP\_PLACE\_1).** Does {C\_FNAME/the child} usually sleep in your bedroom or in a different room at night?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| IN ADULT CAREGIVER'S ROOM | 1 |  |
| IN A DIFFERENT ROOM | 2 |  |
| BOTH IN ADULT CAREGIVER'S ROOM AND A DIFFERENT ROOM | 3 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Young Baby Girl Questionnaire (modified) |

**SL03000/(SLEEP\_PLACE\_2).** What does {C\_FNAME/the child} sleep in at night?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| A bassinette | 1 | TIME\_STAMP\_SL\_ET |
| A crib | 2 | TIME\_STAMP\_SL\_ET |
| A co-sleeper | 3 | TIME\_STAMP\_SL\_ET |
| In the bed or other place with you | 4 | TIME\_STAMP\_SL\_ET |
| In something else | -5 |  |
| REFUSED | -1 | TIME\_STAMP\_SL\_ET |
| DON'T KNOW | -2 | TIME\_STAMP\_SL\_ET |

|  |
| --- |
| SOURCE |
| Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Young Baby Girl Questionnaire (modified) |

**SL04000/(SLEEP\_PLACE\_2\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Young Baby Girl Questionnaire (modified) |

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

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

SLEEP ROUTINE

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

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

**SR01000/(SLEEP\_POSITION\_NIGHT).** In what position do you most often lay {C\_FNAME/the child} down to sleep at night?  On {his/her}

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Stomach | 1 |  |
| Back | 2 |  |
| Side | 3 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Young Baby Girl Questionnaire (modified) |

**SR03000/(SLEEP\_HRS\_DAY).** Approximately how many hours does {C\_FNAME/the child} sleep during the day?

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

     HOURS

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

|  |
| --- |
| SOURCE |
| Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Daughter Questionnaire (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY HARD EDIT IF **SLEEP\_HRS\_DAY** > 24. * DISPLAY SOFT EDIT IF **SLEEP\_HRS\_DAY** > 15 BUT ≤ 24. |

**SR07000/(SLEEP\_HRS\_NIGHT).** Approximately how many hours does {C\_FNAME/the child} sleep at night?

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

     HOURS

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

|  |
| --- |
| SOURCE |
| Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Daughter Questionnaire (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY HARD EDIT IF **SLEEP\_HRS\_DAY** + **SLEEP\_HRS\_NIGHT** > 24. * DISPLAY SOFT EDIT IF **SLEEP\_HRS\_DAY** +**SLEEP\_HRS\_NIGHT** > 15 BUT ≤ 24. |

**SR08000/(SLEEP\_DIFFICULT).** How often is {C\_FNAME/the child} difficult when {he/she} is put to bed?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Most of the time | 1 |  |
| Often | 2 |  |
| Sometimes | 3 |  |
| Rarely | 4 |  |
| Never | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Daughter Questionnaire (modified) |

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

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

CRYING PATTERNS

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

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

**CP01000.** All babies fuss and cry sometimes.  I'm now going to ask you some questions to get a better idea of {C\_FNAME/the child}'s crying patterns.

**CP02000/(CRY\_MORE).** Compared to other babies, do you think {C\_FNAME/the child} cries more, the same, or less?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| MORE | 1 |  |
| THE SAME | 2 |  |
| LESS | 3 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Daughter Questionnaire (modified) |

**CP03000/(CRY\_CONSOLE).** Can you usually calm or console {C\_FNAME/the child} when {he/she} cries?

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

|  |
| --- |
| SOURCE |
| Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Daughter Questionnaire (modified) |

**CP04000/(CRY\_COLIC).** Does {C\_FNAME/the child} have episodes of colic, or times when {he/she} cries and can't be calmed or consoled?

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

|  |
| --- |
| SOURCE |
| Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Daughter Questionnaire (modified) |

**CP05000/(COLIC\_FREQ).** How often does {C\_FNAME/the child} have episodes of colic, or times when {he/she} cries and can't be calmed or consoled:

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Every day | 1 |  |
| Most days | 2 |  |
| Sometimes | 3 |  |
| Rarely | 4 |  |
| Never | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Daughter Questionnaire (modified) |

**CP06000/(CRY\_PROBLEM).** Are you finding {C\_FNAME/the child}'s crying to be a problem or upsetting?

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

|  |
| --- |
| SOURCE |
| Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Daughter Questionnaire (modified) |

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

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

CHILD DEVELOPMENT AND PARENTING

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

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

**CDP01000.** Even though {C\_FNAME/the child} is only {AGE OF CHILD IN MONTHS} months old, {he/she} may show emotions or other actions.  Overall, would you describe {C\_FNAME/the child} as:

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * USING **CHILD\_DOB** AND CURRENT DATE, CALCULATE CHILD'S AGE TO THE NEAREST MONTH AND DISPLAY IN "{AGE OF CHILD IN MONTHS}". |

**CDP02000/(CALM).** Calm?

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

|  |
| --- |
| SOURCE |
| Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Young Baby Girl Questionnaire (modified) |

**CDP03000/(WORRIED).** Worried?

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

|  |
| --- |
| SOURCE |
| Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Young Baby Girl Questionnaire (modified) |

**CDP04000/(SOCIAL).** Sociable or outgoing?

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

|  |
| --- |
| SOURCE |
| Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Young Baby Girl Questionnaire (modified) |

**CDP05000/(ANGRY).** Angry?

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

|  |
| --- |
| SOURCE |
| Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Young Baby Girl Questionnaire (modified) |

**CDP06000/(SHY).** Shy or quiet?

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

|  |
| --- |
| SOURCE |
| Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Young Baby Girl Questionnaire (modified) |

**CDP07000/(STUBBORN).** Stubborn?

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

|  |
| --- |
| SOURCE |
| Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Young Baby Girl Questionnaire (modified) |

**CDP08000/(HAPPY).** Happy?

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

|  |
| --- |
| SOURCE |
| Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Young Baby Girl Questionnaire (modified) |

**CDP09000.** I'd like to ask about {C\_FNAME/the child} and you.  I will read you a list of things {C\_FNAME/the child} may already do or may start doing when {he/she} gets older.  Does {C\_FNAME/the child}:

**CDP10000/(EYES\_FOLLOW).** Follow you with {his/her} eyes?

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

|  |
| --- |
| SOURCE |
| Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Young Baby Girl Questionnaire (modified) |

**CDP11000/(SMILE).** Smile when you smile at {him/her}?

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

|  |
| --- |
| SOURCE |
| Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Daughter Questionnaire (modified) |

**CDP12000/(REACH\_1).** Try to get a toy that is out of reach?

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

|  |
| --- |
| SOURCE |
| Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Daughter Questionnaire (modified) |

**CDP13000/(FEED).** Feed {himself/herself} a cracker or cereal?

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

|  |
| --- |
| SOURCE |
| Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Daughter Questionnaire (modified) |

**CDP14000/(WAVE).** Wave goodbye?

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

|  |
| --- |
| SOURCE |
| Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Infant Son Questionnaire (modified) |

**CDP15000/(REACH\_2).** Reach for toys or food held to {him/her}?

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

|  |
| --- |
| SOURCE |
| Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Daughter Questionnaire (modified) |

**CDP16000/(GRAB).** Grab an object like a block or rattle from you?

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

|  |
| --- |
| SOURCE |
| Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Daughter Questionnaire (modified) |

**CDP17000/(SWITCH\_HANDS).** Move a toy or block from one hand to the other?

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

|  |
| --- |
| SOURCE |
| Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Daughter Questionnaire (modified) |

**CDP18000/(PICKUP).** Pick up a small object like a Cheerio or raisin?

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

|  |
| --- |
| SOURCE |
| Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Daughter Questionnaire (modified) |

**CDP19000/(HOLD).** Hold two toys or blocks at a time, one in each hand?

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

|  |
| --- |
| SOURCE |
| Herald Study Instrument #23 Six-Month Home Interview (modified) |

**CDP20000/(SOUND\_2).** Turn towards a sound?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 | SPEAK\_1 |
| REFUSED | -1 | SPEAK\_1 |
| DON'T KNOW | -2 | SPEAK\_1 |

|  |
| --- |
| SOURCE |
| Herald Study Instrument #23 Six-Month Home Interview (modified) |

**CDP21000/(SOUND\_3).** Turn toward someone when they're speaking?

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

|  |
| --- |
| SOURCE |
| Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Daughter Questionnaire (modified) |

**CDP22000/(SPEAK\_1).** Make sounds as though {he/she} is trying to speak?

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

|  |
| --- |
| SOURCE |
| Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Daughter Questionnaire (modified) |

**CDP23000/(SPEAK2).** Say mama or dada?

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

|  |
| --- |
| SOURCE |
| Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Daughter Questionnaire (modified) |

**CDP24000/(HEADUP).** Keep {his/her} head steady when sitting or held up?

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

|  |
| --- |
| SOURCE |
| Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Daughter Questionnaire (modified) |

**CDP25000/(ROLL\_1).** Roll over from stomach to back?

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

|  |
| --- |
| SOURCE |
| Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Daughter Questionnaire (modified) |

**CDP26000/(ROLL\_2).** Roll from back to stomach?

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

|  |
| --- |
| SOURCE |
| Avon Longitudinal Survey of Parents and Children (ALSPAC) - My Daughter Questionnaire (modified) |

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

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

CHILD CARE ARRANGEMENTS

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

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

**CCA01000.** I'd like to ask you about different types of child care {C\_FNAME/the child} may receive from someone other than parents or guardians.  This includes regularly scheduled care arrangements with relatives and non-relatives; day care or early childhood programs, whether or not there is a charge or fee; and Head Start programs, but not occasional baby-sitting.

|  |
| --- |
| SOURCE |
| National Children's Study, Vanguard 2.0 Phase (Core) |

**CCA02000/(CHILDCARE).** Does {C\_FNAME/the child} currently receive any regularly scheduled care from someone other than a parent or guardian, for example from relatives, non-relatives, or a child care program?

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

|  |
| --- |
| SOURCE |
| National Children's Study, Initial Vanguard Study (3M, 6M, 9M, 12M) |

**CCA03000.** Now I would like to ask about how many different child care arrangements you may have for {C\_FNAME/the child}?  Do you currently have . . .

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| New Response Option | 0 |  |

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

**CCA04000/(CCARE\_RELATIVE).** Relative care?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF NECESSARY READ "This includes all regularly scheduled care arrangements with relatives that happen at least weekly, but does not include occasional baby-sitting." |

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

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

**CCA05000/(CCARE\_NEIGHBORHOOD).** Family-based or neighborhood care out of someone else's home?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF NECESSARY READ "This includes all regularly scheduled care arrangements with non-relatives that happen at least weekly, including home child care providers, regularly scheduled sitter arrangements, or neighbors.  This does not include day care centers, early childhood programs, or occasional babysitting." |

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

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

**CCA06000/(CCARE\_CENTERBASED).** Center-based child care?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF NECESSARY READ  "This includes day care centers, nursery schools, and preschools." |

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

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

**CCA07000/(CCARE\_HEADST).** Head Start?

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

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **CCARE\_RELATIVE** = 1, GO TO **CCA08000**. * OTHERWISE IF **CCARE\_RELATIVE** = 2, -1, OR -2, GO TO PROGRAMMER INSTRUCTIONS AFTER **CCA13000**. |

**CCA08000.** The next few questions are about the care {C\_FNAME/the child} receives from relatives.

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

**CCA09000/(RELATIVE\_CARE\_HRS).** Approximately how many total hours each week does {C\_FNAME/the child} receive care from relatives?

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

NUMBER OF HOURS PER WEEK

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort, National Household Education Surveys (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY HARD EDIT IF **RELATIVE\_CARE\_HRS** ≤ 0 OR≥ 120. * DISPLAY SOFT EDIT IF **RELATIVE\_CARE\_HRS** > 80 BUT < 120. |

**CCA10000/(RELATIVE\_CARE\_NUM\_ADULTS).** How many adults are usually in {C\_FNAME/the child}'s room or group?

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

NUMBER OF ADULTS

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort, National Household Education Surveys (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY HARD EDIT IF **RELATIVE\_CARE\_NUM\_ADULTS** < 0 OR ≥ 25. * DISPLAY SOFT EDIT IF **RELATIVE\_CARE\_NUM\_ADULTS** > 8 BUT < 25. |

**CCA11000/(RELATIVE\_CARE\_NUM\_CHILDREN).** How many children are usually in {C\_FNAME/the child}'s room or group?

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

NUMBER OF CHILDREN

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort, National Household Education Surveys (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY HARD EDIT IF **RELATIVE\_CARE\_NUM\_CHILDREN** < 0 OR ≥ 75 * DISPLAY SOFT EDIT IF **RELATIVE\_CARE\_NUM\_CHILDREN** > 30 BUT < 75. |

**CCA12000/(RELATIVE\_CARE\_LOCATION).** In what location does {C\_FNAME/the child} go for this care?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| {His/her} own home | 1 |  |
| Relative's home | 2 |  |
| OTHER | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort, National Household Education Surveys (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **RELATIVE\_CARE\_LOCATION** = 1, -1, OR -2, GO TO PROGRAMMER INSTRUCTIONS AFTER **CCA13000.** * IF **RELATIVE\_CARE\_LOCATION** = 2, GO TO **CCA13000.** * IF **RELATIVE\_CARE\_LOCATION** = -5, GO TO **RELATIVE\_CARE\_LOCATION\_OTH.** |

**CCA12100/(RELATIVE\_CARE\_LOCATION\_OTH).** SPECIFY:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort, National Household Education Surveys (modified) |

**CCA13000.** What is the address of the place where {C\_FNAME/the child} receives relative care?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * PROBE AND ENTER AS MUCH INFORMATION AS ADULT CAREGIVER KNOWS. |

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard 2.0 Phase (Core) |

**(C\_NAME\_1)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME

**(C\_ADDRESS\_1)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS 1 - STREET/PO BOX

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

**(C\_ADDRESS\_2)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS 2

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

**(C\_UNIT)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UNIT

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

**(C\_CITY)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY

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

**(C\_STATE)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE

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

**(C\_ZIP)** |\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|

ZIP CODE

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

**(C\_ZIP4)** - |\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|

ZIP + 4

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **CCARE\_NEIGHBORHOOD** = 1, GO TO **CCA14000**. * OTHERWISE IF **CCARE\_NEIGHBORHOOD** = 2, -1, OR -2, GO TO PROGRAMMER INSTRUCTIONS AFTER **CCA19000**. |

**CCA14000.** The next few questions are about the child care arrangements {C\_FNAME/the child} receives from family-based or neighborhood care.

**CCA15000/(NEIGHBORHOOD\_CARE\_HRS).** Approximately how many total hours each week does {C\_FNAME/the child} receive care from this family-based or neighborhood care?

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

NUMBER OF HOURS PER WEEK

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort, National Household Education Surveys (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY HARD EDIT IF **NEIGHBORHOOD\_CARE\_HRS** ≤ 0 OR ≥ 120. * DISPLAY SOFT EDIT IF **NEIGHBORHOOD\_CARE\_HRS** > 80 BUT < 120. |

**CCA16000/(NEIGHBORHOOD\_CARE\_NUM\_ADULTS).** How many adults are usually in {C\_FNAME/the child}'s room or group?

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

NUMBER OF ADULTS

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort, National Household Education Surveys (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY HARD EDIT IF **NEIGHBORHOOD\_CARE\_NUM\_ADULTS** < 0 OR ≥ 25. * DISPLAY SOFT EDIT IF **NEIGHBORHOOD\_CARE\_NUM\_ADULTS** > 8 BUT < 25. |

**CCA17000/(NEIGHBORHOOD\_CARE\_NUM\_CHILDREN).** How many children are usually in {C\_FNAME/the child}'s room or group?

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

NUMBER OF CHILDREN

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort, National Household Education Surveys (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY HARD EDIT IF **NEIGHBORHOOD\_CARE\_NUM\_CHILDREN**< 0 OR ≥ 75 * DISPLAY SOFT EDIT IF **NEIGHBORHOOD\_CARE\_NUM\_CHILDREN**> 30 BUT < 75. |

**CCA19000.** What is the address of the place where {C\_FNAME/the child} receives family-based or neighborhood care?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * PROBE AND ENTER AS MUCH INFORMATION AS ADULT CAREGIVER KNOWS. |

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard 2.0 Phase (Core) |

**(CN\_NAME\_1)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME

**(CN\_ADDRESS\_1)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS 1 - STREET/PO BOX

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

**(CN\_ADDRESS\_2)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS 2

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

**(CN\_UNIT)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UNIT

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

**(CN\_CITY)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY

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

**(CN\_STATE)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE

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

**(CN\_ZIP)** |\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|

ZIP CODE

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

**(CN\_ZIP4)** - |\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|

ZIP + 4

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **CCARE\_CENTERBASED** = 1, GO TO **CCA20000**. * OTHERWISE IF **CCARE\_CENTERBASED** = 2, -1, OR -2, GO TO PROGRAMMER INSTRUCTIONS AFTER **CCA25000**. |

**CCA20000.** The next few questions are about the care {C\_FNAME/the child} receives from a center-based care setting.

**CCA21000/(CENTERBASED\_CARE\_HRS).** Approximately how many total hours each week does {C\_FNAME/the child} receive center-based care {not including Head Start}?

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

NUMBER OF HOURS PER WEEK

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort, National Household Education Surveys (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY HARD EDIT IF **CENTERBASED\_CARE\_HRS** ≤ 0 OR ≥ 120. * DISPLAY SOFT EDIT IF **CENTERBASED\_CARE\_HRS** > 80 BUT < 120. * DISPLAY "not including Head Start" IF **CCARE\_HEADST** = 1. |

**CCA22000/(CENTERBASED\_CARE\_NUM\_ADULTS).** How many adults are usually in {C\_FNAME/the child}'s room or group?

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

NUMBER OF ADULTS

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort, National Household Education Surveys (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY HARD EDIT IF **CENTERBASED\_CARE\_NUM\_ADULTS** < 0 OR ≥ 25. * DISPLAY SOFT EDIT IF **CENTERBASED\_CARE\_NUM\_ADULTS** > 8 BUT < 25. |

**CCA23000/(CENTERBASED\_CARE\_NUM\_CHILDREN).** How many children are usually in {C\_FNAME/the child}'s room or group?

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

NUMBER OF CHILDREN

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort, National Household Education Surveys (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY HARD EDIT IF **CENTERBASED\_CARE\_NUM\_CHILDREN** < 0 OR > 75 * DISPLAY SOFT EDIT IF **CENTERBASED\_CARE\_NUM\_CHILDREN** > 30. |

**CCA25000.** What is the address of the place where {C\_FNAME/the child} receives center-based care?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * PROBE AND ENTER AS MUCH INFORMATION AS  ADULT CAREGIVER KNOWS. |

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard 2.0 Phase (Core) |

**(CB\_NAME\_1)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME

**(CB\_ADDRESS\_1)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS 1 - STREET/PO BOX

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

**(CB\_ADDRESS\_2)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS 2

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

**(CB\_UNIT)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UNIT

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

**(CB\_CITY)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY

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

**(CB\_STATE)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE

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

**(CB\_ZIP)** |\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|

ZIP CODE

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

**(CB\_ZIP4)** - |\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|

ZIP + 4

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **CCARE\_HEADST** = 1, GO TO **CCA26000**. * OTHERWISE IF **CCARE\_HEADST** = 2, -1, OR -2, GO TO **TIME\_STAMP\_CCA\_ET**. |

**CCA26000.** The next few questions are about the care {C\_FNAME/the child} receives from Head Start.

**CCA27000/(HEAD\_START\_CARE\_HRS).** Approximately how many total hours each week does {C\_FNAME/the child} receive care from Head Start?

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

NUMBER OF HOURS PER WEEK

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort, National Household Education Surveys (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY HARD EDIT IF **HEAD\_START\_CARE\_HRS** ≤0 OR ≥ 70. |

**CCA28000/(HEAD\_START\_CARE\_NUM\_ADULTS).** How many adults are usually in {C\_FNAME/the child}'s room or group?

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

NUMBER OF ADULTS

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort, National Household Education Surveys (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY HARD EDIT IF **HEAD\_START\_CARE\_NUM\_ADULTS** < 0 OR ≥ 25. * DISPLAY SOFT EDIT IF **HEAD\_START\_CARE\_NUM\_ADULTS** > 8 BUT < 25. |

**CCA29000/(HEAD\_START\_CARE\_NUM\_CHILDREN).** How many children are usually in {C\_FNAME/the child}'s room or group?

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

NUMBER OF CHILDREN

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort, National Household Education Surveys (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY HARD EDIT IF **HEAD\_START\_CARE\_NUM\_CHILDREN** < 0 OR ≥ 75 * DISPLAY SOFT EDIT IF **HEAD\_START\_CARE\_NUM\_CHILDREN** > 30 BUT < 75. |

**CCA31000.** What is the address of the place where {C\_FNAME/the child} receives care from Head Start?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * PROBE AND ENTER AS MUCH INFORMATION AS ADULT CAREGIVER KNOWS. |

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard 2.0 Phase (Core) |

**(CR\_NAME\_1)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME

**(CR\_ADDRESS\_1)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS 1 - STREET/PO BOX

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

**(CR\_ADDRESS\_2)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS 2

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

**(CR\_UNIT)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UNIT

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

**(CR\_CITY)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY

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

**(CR\_STATE)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE

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

**(CR\_ZIP)** |\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|

ZIP CODE

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

**(CR\_ZIP4)**  - |\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|

ZIP + 4

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

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

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

HEALTH CARE

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

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

**HC01000.** We will now ask some questions about {C\_FNAME/the child}'s health care.

**HC02000/(R\_HCARE).** First, what kind of place does {C\_FNAME/the child} usually go to when {he/she} needs routine or well-child care, such as a check-up or well-baby shots (immunizations)?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| A clinic or health center | 1 | C\_HEALTH |
| A doctor's office or Health Maintenance Organization (HMO) | 2 | C\_HEALTH |
| A hospital emergency room | 3 | C\_HEALTH |
| A hospital outpatient department | 4 | C\_HEALTH |
| Some other place | -5 |  |
| DOESN'T GO TO ONE PLACE MOST OFTEN | 5 | C\_HEALTH |
| DOESN'T GET WELL-CHILD CARE ANYWHERE | -7 | C\_HEALTH |
| REFUSED | -1 | C\_HEALTH |
| DON'T KNOW | -2 | C\_HEALTH |

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| SOURCE |
| National Health Interview Survey (NHIS) 2007 Child Access to Health Care & Utilization (modified) |

**HC03000/(R\_HCARE\_OTH).** SPECIFY:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
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| SOURCE |
| National Health Interview Survey (NHIS) 2007 Child Access to Health Care & Utilization (modified) |

**HC04000/(C\_HEALTH).** Since {C\_FNAME/the child} was born, would you say {his/her} health has been poor, fair, good, or excellent?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| POOR | 1 |  |
| FAIR | 2 |  |
| GOOD | 3 |  |
| EXCELLENT | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| National Health Interview Survey (NHIS) 2010 Family Health Status & Limitations (modified) |

**HC05000/(HCARE\_SICK).** What kind of place does {C\_FNAME/the child} usually go to when {he/she} is sick, doesn't feel well, or if you have concerns about {his/her} health?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| A clinic or health center | 1 |  |
| A doctor's office or Health Maintenance Organization (HMO) | 2 |  |
| A hospital emergency room | 3 |  |
| A hospital outpatient department | 4 |  |
| Some other place | -5 |  |
| DOESN'T GO TO ONE PLACE MOST OFTEN | 5 |  |
| NOT APPLICABLE/HAS NOT BEEN SICK | -7 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| National Health Interview Survey (NHIS) 2007 Child Access to Health Care & Utilization (modified) |

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| PROGRAMMER INSTRUCTIONS |
| * IF **HCARE\_SICK** = -5, GO TO **HCARE\_SICK\_OTH.** * OTHERWISE, GO TO PROGRAMMER INSTRUCTIONS FOLLOWING **HCARE\_SICK\_OTH**. |

**HC06000/(HCARE\_SICK\_OTH).** SPECIFY:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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| SOURCE |
| National Health Interview Survey (NHIS) 2007 Child Access to Health Care & Utilization (modified) |

**HC08000/(USE\_IC\_LOG).** Are you using the Infant and Child Health Care Log?  This is the booklet that you or your health care provider uses to record information about the child's medical visits.

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| INTERVIEWER INSTRUCTIONS |
| * READ TEXT IN PARENTHESES IF NEEDED. |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 | NUM\_PROV\_IC\_LOG |
| NO | 2 |  |
| REFUSED | -1 | HC15000 |
| DON'T KNOW | -2 | HC15000 |

|  |
| --- |
| SOURCE |
| National Children's Study, Vanguard Phase (3M) (modified) |

**HC09000/(REASON\_NO\_IC\_LOG).** Is that because...

|  |
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| INTERVIEWER INSTRUCTIONS |
| * IF THE ADULT CAREGIVER REPORTS THEY HAVE "misplaced the log," DISTRIBUTE A NEW LOG OR OFFER TO MAIL ONE. |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| The child hasn't had a medical visit since our last interview | 1 | HOSPITAL |
| You've misplaced the log | 2 | HC15000 |
| You've forgotten to bring it to the child's medical visits | 3 | HC12000 |
| The log was too much trouble to complete | 4 | HC12000 |
| The log was too difficult to understand | 5 | HC15000 |
| OTHER | -5 |  |
| REFUSED | -1 | HC12000 |
| DON'T KNOW | -2 | HC12000 |

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| SOURCE |
| National Children's Study, Vanguard Phase (3M) |

**HC10000/(REASON\_NO\_IC\_LOG\_OTH).** SPECIFY:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
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| SOURCE |
| National Children's Study, Vanguard Phase (3M) |

**HC12000.** This information is very important to the study.  Please keep the log in a safe place and bring the log with you to all of the child's medical visits.

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| PROGRAMMER INSTRUCTIONS |
| * GO TO **HC15000.** |

**HC13000/(NUM\_PROV\_IC\_LOG).** How many health care providers has the child seen since you first started using this Infant and Child Health Care Log?

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

NUMBER OF PROVIDERS

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

|  |
| --- |
| SOURCE |
| National Children's Study, Vanguard Phase (3M) (modified) |

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| PROGRAMMER INSTRUCTIONS |
| * IF **NUM\_PROV\_IC\_LOG** = 0, -1, OR -2, GO TO **HC15000**. * OTHERWISE, GO TO **NUM\_PROV\_REC**. |

**HC14000/(NUM\_PROV\_REC).** Of those providers that {C\_FNAME/the child} has seen, for how many providers have you recorded contact information such as their address or phone number?

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

NUMBER OF CONTACTS

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

|  |
| --- |
| SOURCE |
| National Children's Study, Vanguard Phase (3M) (modified) |

**HC15000.** I am now going to ask a few more questions about the child's visits to a doctor or other health care provider (pediatrician or family medicine doctor, specialist (like a surgeon, heart, allergy, or skin doctor).  It would be helpful if you referred to {the Infant and Child Health Care Log that you received as part of this study or to} personal records or a calendar that you keep that would help you to remember the dates of these visits.  If you have this information available, please go and get it now.

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| SOURCE |
| National Children's Study, Vanguard Phase (3M) |

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| PROGRAMMER INSTRUCTIONS |
| * DISPLAY "the Infant and Child Health Care Log that you received as part of this study or to" IF **USE\_IC\_LOG** = 1. |

**HC16000.** What was the date of {C\_FNAME/the child}'s most recent well-child visit or checkup?

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| SOURCE |
| National Children's Study, Legacy Phase (3M Phone, 6M Mother, 9M Phone) |

**(LAST\_VISIT\_MM)** MONTH:

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

  M      M

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| HAS NOT HAD A VISIT | -7 | HOSPITAL |
| REFUSED | -1 | HOSPITAL |
| DON'T KNOW | -2 | HOSPITAL |

**(LAST\_VISIT\_DD)** DAY:

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

   D     D

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

**(LAST\_VISIT\_YYYY)** YEAR:

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

   Y     Y    Y     Y

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

|  |
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| INTERVIEWER INSTRUCTIONS |
| * SHOW CALENDAR TO ASSIST IN DATE RECALL. * ENTER A TWO-DIGIT MONTH, TWO-DIGIT DAY, AND A FOUR-DIGIT YEAR. |

**HC17000/(VISIT\_WT).** What was {C\_FNAME/the child}'s weight at that visit?

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

  POUNDS

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

|  |
| --- |
| SOURCE |
| National Children's Study, Legacy Phase (3M Phone, 6M Mother, 9M Phone, 12M Mother) |

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| PROGRAMMER INSTRUCTIONS |
| * DISPLAY A SOFT EDIT IF **VISIT\_WT** < 8 OR > 21 POUNDS. * IF **USE\_IC\_LOG** =1, GO TO **HC18000**. * OTHERWISE, GO TO **HOSPITAL**. |

**HC18000.** If you haven't yet, please put a check mark in the box next to the visit you just told me about in your Infant and Child Health Care Log.

**HC19000/(HOSPITAL).** Since {coming home from the hospital the first time/the child's birth}, has the child spent at least one night in the hospital?

|  |  |  |
| --- | --- | --- |
| 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 |

|  |
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| SOURCE |
| National Health Interview Survey (NHIS) 2007 Child Access to Health Care & Utilization (modified) |

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| PROGRAMMER INSTRUCTIONS |
| * IF **BIRTH\_DELIVER** COLLECTED IN BIRTH QUESTIONNAIRE - CHILD AND **BIRTH\_DELIVER** = 1, DISPLAY “coming home from the hospital for the first time”. * OTHERWISE, DISPLAY “the child’s birth”. |

**HC20000/(HOSPITAL\_TIMES).** How many times since {coming home from the hospital the first time/the child's birth} has {C\_FNAME/the child} spent at least one night in the hospital?

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

  TIMES

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 | TIME\_STAMP\_HC\_ET |
| DON'T KNOW | -2 | TIME\_STAMP\_HC\_ET |

|  |
| --- |
| SOURCE |
| National Health Interview Survey (NHIS) 2007 Child Access to Health Care & Utilization (modified) |

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| PROGRAMMER INSTRUCTIONS |
| * IF **BIRTH\_DELIVER** COLLECTED IN BIRTH QUESTIONNAIRE - CHILD AND **BIRTH\_DELIVER** = 1, DISPLAY “coming home from the hospital for the first time”. * OTHERWISE, DISPLAY “the child’s birth”. * LOOP THROUGH **ADMIN\_DATE\_MM, ADMIN\_DATE\_DD, ADMIN\_DATE\_YY, HOSP\_NIGHTS, DIAGNOSIS, DIAGNOSES** (IF **DIAGNOSIS** = 1), AND **HC25000** (IF **USE\_IC\_LOG**= 1) FOR EACH HOSPITAL ADMISSION. * TOTAL NUMBER OF LOOPS SHOULD EQUAL **HOSPITAL\_TIMES** . * AFTER COMPLETING FINAL LOOP, GO TO **TIME\_STAMP\_HC\_ET**. |

**HC21000.** What was the admission date of {C\_FNAME/the child}'s {most recent/next most recent} hospital stay?

|  |
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| SOURCE |
| National Children's Study, Legacy Phase (T1 Mom, T3 Prior) |

**(ADMIN\_DATE\_MM)** MONTH:

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

   M    M

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

**(ADMIN\_DATE\_DD)** DAY:

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

   D     D

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

**(ADMIN\_DATE\_YYYY)** YEAR:

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

   Y     Y    Y     Y

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

|  |
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| INTERVIEWER INSTRUCTIONS |
| * SHOW CALENDAR TO ASSIST IN DATE RECALL. * ENTER A TWO-DIGIT MONTH, A TWO-DIGIT DAY, AND A FOUR-DIGIT YEAR. |

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| PROGRAMMER INSTRUCTIONS |
| * IF FIRST LOOP, DISPLAY “most recent”. * OTHERWISE, DISPLAY “next most recent”. |

**HC22000/(HOSP\_NIGHTS).** How many nights did {C\_FNAME/the child} stay in the hospital during this hospital stay?

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

NUMBER OF NIGHTS

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * CONFIRM RESPONSE |

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

|  |
| --- |
| SOURCE |
| National Health Interview Survey (NHIS) 2007 Child Access to Health Care & Utilization (modified) |

**HC23000/(DIAGNOSIS).** Did a doctor or other health care provider give the child a diagnosis?

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

|  |
| --- |
| SOURCE |
| National Children's Study, Legacy Phase (3M Phone, 6M Mother, 12M Mother) |

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| PROGRAMMER INSTRUCTIONS |
| * IF **DIAGNOSIS** = 1, GO TO **DIAGNOSES**. * IF **DIAGNOSIS** = 2, -1, OR -2, AND **USE\_IC\_LOG** =1, GO TO **HC25000**. * OTHERWISE (IF **DIAGNOSIS** = 2, -1, OR -2, AND **USE\_IC\_LOG** = 2, -1, OR -2), COMPLETE LOOP. |

**HC24000/(DIAGNOSES).** What was the diagnosis?

DIAGNOSES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| INTERVIEWER INSTRUCTIONS |
| * ENTER ALL DIAGNOSES IN FIELD SEPARATED BY COMMAS OR AN "AND". |

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| SOURCE |
| National Children's Study, Legacy Phase (3M Phone, 6M Mother, 12M Mother) |

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| PROGRAMMER INSTRUCTIONS |
| * IF **USE\_IC\_LOG** = 1, GO TO **HC25000**. * OTHERWISE, COMPLETE LOOP. |

**HC25000.** If you haven't yet, please put a check mark in the box next to the visit you just told me about in your Infant and Child Health Care Log.

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

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