

6M Questionnaire - Adult

|  |  |
| --- | --- |
| Event Category: | Time-Based |
| Event: | 6M |
| Administration: | N/A |
| Instrument Target: | Primary Caregiver |
| 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: | 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.

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6M Questionnaire - Adult

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6M Questionnaire - Adult

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.**

ADULT CAREGIVER EMPLOYMENT AND MATERNITY LEAVE

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP * PRELOAD PARTICIPANT ID (**P\_ID**) AND RESPONDENT ID (**R\_P\_ID**) FOR ADULT CAREGIVER. * PRELOAD **MULT\_CHILD**AND**C\_FNAME** FROM PARTICIPANT VERIFICATION, SCHEDULING & TRACING QUESTIONNAIRE. * IF **MULT\_CHILD** = 1, DISPLAY "the children" AS APPROPRIATE THROUGHOUT THE INSTRUMENT. * IF **MULT\_CHILD** ≠ 1, AND   + IF**C\_FNAME** IN PARTICIPANT VERIFICATION, SCHEDULING & TRACING QUESTIONNAIRE ≠ -1, -2, OR -4, DISPLAY CHILD'S FIRST NAME IN "C\_FNAME" THROUGHOUT THE INSTRUMENT.   + OTHERWISE, IF **C\_FNAME** IN PARTICIPANT VERIFICATION, SCHEDULING & TRACING QUESTIONNAIRE = -1 OR -2, DISPLAY "the child" IN APPROPRIATE FIELDS THROUGHOUT THE INSTRUMENT. |

**PEA01000.** Next, I’d like to ask some questions about work. People’s work situations sometimes change after having a baby.

**PEA02000/(WORK\_PREG).** Just before {C\_FNAME/the child/the children}'s birth, were you employed at a job or business?

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

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard Phase (6M) (modified) |

**PEA03000/(WORK\_NOW).** Have you returned to work, or are you currently on maternity leave from this job? Please tell me which category best describes your work situation.

|  |
| --- |
| 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 |
| RETURNED TO WORK | 1 | PEA05000 |
| UNPAID LEAVE | 2 | TIME\_STAMP\_PEA\_ET |
| PAID LEAVE | 3 | TIME\_STAMP\_PEA\_ET |
| LEFT THE POSITION | 4 | TIME\_STAMP\_PEA\_ET |
| LOOKING FOR WORK | 5 | TIME\_STAMP\_PEA\_ET |
| OTHER | -5 |  |
| REFUSED | -1 | TIME\_STAMP\_PEA\_ET |
| DON’T KNOW | -2 | TIME\_STAMP\_PEA\_ET |

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| --- |
| SOURCE |
| National Children’s Study, Vanguard Phase (6M) |

**PEA04000/(WORK\_NOW\_OTH).** SPECIFY

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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| --- |
| SOURCE |
| National Children’s Study, Vanguard Phase (6M) |

**PEA05000.** How much leave did you take after the birth?

|  |
| --- |
| SOURCE |
| Norwegian Mother and Child Cohort Study (MoBa), 18 Months |

**(LEAVE\_BIRTH\_NUM)** |\_\_\_|\_\_\_|

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **LEAVE\_BIRTH\_NUM** = 0, -1 OR -2, GO TO **PEA07000**. * OTHERWISE, GO TO **LEAVE\_BIRTH\_UNIT.** |

**(LEAVE\_BIRTH\_UNIT)**

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

**PEA06000/(LEAVE\_BIRTH\_PAID).** Was this leave paid or unpaid?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| PAID | 1 |  |
| UNPAID | 2 |  |
| SOME WAS PAID, SOME WAS UNPAID | 3 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

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

**PEA07000.** How much leave did your partner take after the birth?

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

**(LEAVE\_FATHER\_NUM)** |\_\_\_|\_\_\_|

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **LEAVE\_FATHER\_NUM** = 0, -1, OR -2, GO TO**TIME\_STAMP\_PEA\_ET.** * OTHERWISE, GO TO **?LEAVE\_FATHER\_UNIT.** |

**(LEAVE\_FATHER\_UNIT)**

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

**PEA08000/(LEAVE\_FATHER\_PAID).** Was this leave paid or unpaid?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| PAID | 1 |  |
| UNPAID | 2 |  |
| SOME WAS PAID, SOME WAS UNPAID | 3 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

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

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

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

MATERNAL ANXIETY

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

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

**MA01000.** Over the past 2 weeks, how often have you been bothered by the following problems?

|  |
| --- |
| SOURCE |
| Generalized Anxiety Disorder – 7 item (GAD-7), Spitzer, Kroenke, Williams, & Lo’we, 2006. |

**MA02000/(BOTHER\_ANX).** Feeling nervous, anxious or on edge

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| 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 |
| NOT AT ALL | 1 |  |
| SEVERAL DAYS | 2 |  |
| MORE THAN HALF THE DAYS | 3 |  |
| NEARLY EVERY DAY | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Generalized Anxiety Disorder – 7 item (GAD-7), Spitzer, Kroenke, Williams, & Lo’we, 2006 |

**MA03000/(BOTHER\_STOP\_WORRY).** Not being able to stop or control worrying

|  |
| --- |
| 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 |
| NOT AT ALL | 1 |  |
| SEVERAL DAYS | 2 |  |
| MORE THAN HALF THE DAYS | 3 |  |
| NEARLY EVERY DAY | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Generalized Anxiety Disorder – 7 item (GAD-7), Spitzer, Kroenke, Williams, & Lo’we, 2006. |

**MA04000/(BOTHER\_DIF\_WORRY).** Worrying too much about different things

|  |
| --- |
| 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 |
| NOT AT ALL | 1 |  |
| SEVERAL DAYS | 2 |  |
| MORE THAN HALF THE DAYS | 3 |  |
| NEARLY EVERY DAY | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Generalized Anxiety Disorder – 7 item (GAD-7), Spitzer, Kroenke, Williams, & Lo’we, 2006. |

**MA05000/(BOTHER\_RELAX).** Trouble relaxing

|  |
| --- |
| 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 |
| NOT AT ALL | 1 |  |
| SEVERAL DAYS | 2 |  |
| MORE THAN HALF THE DAYS | 3 |  |
| NEARLY EVERY DAY | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Generalized Anxiety Disorder – 7 item (GAD-7), Spitzer, Kroenke, Williams, & Lo’we, 2006. |

**MA06000/(BOTHER\_RESTLESS).** Feeling so restless that it is hard to sit still

|  |
| --- |
| 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 |
| NOT AT ALL | 1 |  |
| SEVERAL DAYS | 2 |  |
| MORE THAN HALF THE DAYS | 3 |  |
| NEARLY EVERY DAY | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Generalized Anxiety Disorder – 7 item (GAD-7), Spitzer, Kroenke, Williams, & Lo’we, 2006. |

**MA07000/(BOTHER\_IRRITABLE).** Becoming easily annoyed or irritable

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| --- |
| 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 |
| NOT AT ALL | 1 |  |
| SEVERAL DAYS | 2 |  |
| MORE THAN HALF THE DAYS | 3 |  |
| NEARLY EVERY DAY | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Generalized Anxiety Disorder – 7 item (GAD-7), Spitzer, Kroenke, Williams, & Lo’we, 2006. |

**MA08000/(BOTHER\_AWFUL).** Feeling as if something awful might happen

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| --- |
| 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 |
| NOT AT ALL | 1 |  |
| SEVERAL DAYS | 2 |  |
| MORE THAN HALF THE DAYS | 3 |  |
| NEARLY EVERY DAY | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Generalized Anxiety Disorder – 7 item (GAD-7), Spitzer, Kroenke, Williams, & Lo’we, 2006. |

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

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