

9M Questionnaire - Child

|  |  |
| --- | --- |
| Event Category: | Time-Based |
| Event: | 9M |
| 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: | 3 minutes |
| Multiple Child/Sibling Consideration: | Per Child |
| Special Considerations: | N/A |
| Version: | 3.0 |
| 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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9M Questionnaire - Child

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9M 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 | CHARACTER |  |
| ZIP CODE LAST FOUR | 4 | CHARACTER |  |
| 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 |
| NUMBER OF HOURS PER DAY | TWO-DIGIT HOUR | NUMERIC | * HARD EDITS:

HOURS MUST BE BETWEEN 1 AND 24 |
| NUMBER OF DAYS PER WEEK | ONE-DIGIT | NUMERIC | * 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.**

CHILD DEVELOPMENT

**(TIME\_STAMP\_CD\_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.
 |

**CD01000.** First, 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}:

**CD02000/(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 Study of Parents and Children My Young Baby Girl Questionnaire (modified)  |

**CD03000/(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 Study of Parents and Children My Daughter Questionnaire (modified)  |

**CD04000/(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 Study of Parents and Children My Daughter Questionnaire (modified)  |

**CD05000/(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 Study of Parents and Children My Daughter Questionnaire (modified)  |

**CD06000/(WAVE).** Wave goodbye?

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

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

**CD07000/(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 Study of Parents and Children My Daughter Questionnaire (modified)  |

**CD08000/(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 Study of Parents and Children My Daughter Questionnaire (modified)  |

**CD09000/(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 Study of Parents and Children My Daughter Questionnaire (modified ) |

**CD10000/(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)  |

**CD11000/(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 Study of Parents and Children My Daughter Questionnaire (modified) |

**CD12000/(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 Study of Parents and Children My Daughter Questionnaire (modified)  |

**CD13000/(SPEAK\_2).** Say mama or dada?

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

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

**CD14000/(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 Study of Parents and Children My Daughter Questionnaire (modified)  |

**CD15000/(ROLL\_2).** Roll from back to stomach?

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

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

**CD16000/(SITUP).** Sit up by {himself/herself}?

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

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

**CD17000/(STAND).** Stand while holding onto something?

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

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

**CD18000/(STAND\_ALONE).** Stand alone, without holding onto something?

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

|  |
| --- |
| SOURCE |
| Avon Longitudinal Study of Parents and Children My Girl Toddler Questionnaire (modified)  |

**CD19000/(WALK).** Walk by {himself/herself}, without holding onto something?

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

|  |
| --- |
| SOURCE |
| Avon Longitudinal Study of Parents and Children My Girl Toddler Questionnaire (modified)  |

**CD20000/(SCRIBBLE).** Scribble or draw with a pencil, crayon, or marker?

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

|  |
| --- |
| SOURCE |
| Avon Longitudinal Study of Parents and Children My Girl Toddler Questionnaire (modified) |

**CD21000/(FORK\_SPOON).** Try to use a fork or spoon when eating?

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

|  |
| --- |
| SOURCE |
| Avon Longitudinal Study of Parents and Children My Girl Toddler Questionnaire (modified) |

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

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

HEALTH CARE

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

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

**HC01000.** The next questions are 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 |
| Clinic or health center | 1 | C\_HEALTH |
| Doctor's office or Health Maintenance Organization (HMO) | 2 | C\_HEALTH |
| Hospital emergency room | 3 | C\_HEALTH |
| 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 |

|  |
| --- |
| 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 |  |

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

**HC04000/(C\_HEALTH).** Would you say {C\_FNAME/the child}’s health in general is poor, fair, good, or excellent?

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

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

**HC05000/(USE\_IC\_LOG).** Are you using the Infant and Child Health Care Log? This is the booklet that you or your health care provider (pediatrician or family medicine doctor, specialist (like a surgeon, heart, allergy, or skin doctor), nurse practitioner, physician assistant, nurse, social worker/counselor, etc.) uses to record information about the child’s medical visits.

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

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 | NUM\_PROV\_IC\_LOG |
| NO | 2 |  |
| REFUSED | -1 | HC12000 |
| DON'T KNOW | -2 | HC12000 |

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

**HC06000/(REASON\_NO\_IC\_LOG).** Is that because

|  |
| --- |
| 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 | HC14000 |
| You’ve misplaced the log | 2 | HC12000 |
| You’ve forgotten to bring it to the child’s medical visits | 3 | HC09000 |
| The log was too much trouble to complete | 4 | HC09000 |
| The log was too difficult to understand | 5 | HC12000 |
| OTHER | -5 |  |
| REFUSED | -1 | HC09000 |
| DON’T KNOW | -2 | HC09000 |

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

**HC07000/(REASON\_NO\_IC\_LOG\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 | HC12000 |
| DON"T KNOW | -2 | HC12000 |

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * GO TO **HC12000.**
 |

**HC09000.** 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.

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * GO TO **HC12000.**
 |

**HC10000/(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) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **NUM\_PROV\_IC\_LOG** = 0, -1, OR -2, GO TO **HC12000.**
* OTHERWISE, GO TO **NUM\_PROV\_REC**.
 |

**HC11000/(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) |

**HC12000.** I am now going to ask some questions about the child’s visits to a doctor or other health care provider. 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.

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

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

**HC13000.** What was the date of {C\_FNAME/the child}’s most recent well-child visit or checkup?

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

|  |
| --- |
| 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 | SAME\_CARE |
| REFUSED | -1 | SAME\_CARE |
| DON’T KNOW | -2 | SAME\_CARE |

**(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 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **LAST\_VISIT\_YYYY** <> -1 OR -2, AND
	+ IF **USE\_IC\_LOG**= 1, GO TO **HC14000.**
	+ IF **USE\_IC\_LOG**= 2, -1 OR -2, GO TO **SAME\_CARE.?**
* IF **LAST\_VISIT\_YYYY**= -1 OR -2, GO TO **SAME\_CARE.**
 |

**HC14000.** 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.

**HC14100/(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) |

**HC15000/(SAME\_CARE).** If {C\_FNAME/the child} is sick or if you have concerns about {his/her} health, does {he/she} go to the same place as for well-child visits?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 | HOSPITAL |
| NO | 2 |  |
| NOT APPLICABLE/HAS NOT BEEN SICK | -7 | TIME\_STAMP\_HC\_ET |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard Phase (9M) |

**HC16000/(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 |
| Clinic or health center | 1 | HOSPITAL |
| Doctor's office or Health Maintenance Organization (HMO) | 2 | HOSPITAL |
| Hospital emergency room | 3 | HOSPITAL |
| Hospital outpatient department | 4 | HOSPITAL |
| Some other place | -5 |  |
| DOESN'T GO TO ONE PLACE MOST OFTEN | 5 | HOSPITAL |
| NOT APPLICABLE/HAS NOT BEEN SICK | -7 | TIME\_STAMP\_HC\_ET |
| REFUSED | -1 | HOSPITAL |
| DON’T KNOW | -2 | HOSPITAL |

|  |
| --- |
| SOURCE |
| National Health Interview Survey (NHIS) |

**HC17000/(HCARE\_SICK\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| National Health Interview Survey (NHIS) |

**HC18000/(HOSPITAL).** Since {DATE OF LAST INTERVIEW}, has {C\_FNAME/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 |

|  |
| --- |
| SOURCE |
| National Health Interview Survey 2007 Family Interview (modified)  |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * PRELOAD AND DISPLAY THE DATE OF THE LAST INTERVIEW IN "{DATE OF LAST INTERVIEW}".
 |

**HC19000/(HOSPITAL\_TIMES).** How many times since {DATE OF LAST INTERVIEW} 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 2007 Family Interview (modified)  |

|  |
| --- |
| DATA COLLECTOR INSTRUCTIONS |
| * LOOP THROUGH **ADMIN\_DATE\_MM, ADMIN\_DATE\_DD, ADMIN\_DATE\_YYYY, HOSP\_NIGHTS, DIAGNOSE, DIAGNOSES** (IF **DIAGNOSE** = 1), AND **HC24000** (IF **USE\_IC\_LOG** = 1) FOR EACH HOSPITAL ADMISSION UNTIL TOTAL NUMBER OF LOOPS = **HOSPITAL\_TIMES** .
 |

**HC20000.** What was the admission date of {C\_FNAME/the child}’s {most recent/next most recent} hospital stay?

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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
 |

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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\_YY)** YEAR:

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

  Y     Y     Y    Y

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

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

**HC21000/(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 |  |

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| SOURCE |
| National Health Interview Survey 2007 Family Interview (modified)  |

**HC22000/(DIAGNOSE).** Did a doctor or other health care provider give you a diagnosis for {C\_FNAME/the child} during this hospital stay?

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

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

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| PROGRAMMER INSTRUCTIONS |
| * IF **DIAGNOSE** = 1, GO TO **DIAGNOSES.**
* IF **DIAGNOSE** = 2, -1, OR -2 AND **USE\_IC\_LOG** =1, GO TO **HC24000.**
* IF **DIAGNOSE** = 2, -1, OR -2, AND **USE\_IC\_LOG** = 2, -1, OR -2, AND
	+ IF NUMBER OF LOOPS = **HOSPITAL\_TIMES**, GO TO **TIME\_STAMP\_HC\_ET.**
	+ IF NUMBER OF LOOPS < **HOSPITAL\_TIMES,** GO TO **HC20000.**
 |

**HC23000/(DIAGNOSES).** What was the diagnosis?

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

DIAGNOSES

|  |
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| INTERVIEWER INSTRUCTIONS |
| * ENTER ALL DIAGNOSES IN FIELD SEPARATED BY COMMAS OR AN “AND”.
* PROBE: “Anything else?”
 |

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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 **HC24000.**
* IF **USE\_IC\_LOG** = 2, -1 OR -2, AND
	+ IF NUMBER OF LOOPS = **HOSPITAL\_TIMES,** GO TO **TIME\_STAMP\_HC\_ET.**
	+ IF NUMBER OF LOOPS < **HOSPITAL\_TIMES,**GO TO **HC20000**.
 |

**HC24000.** 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.

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| PROGRAMMER INSTRUCTIONS |
| * IF NUMBER OF LOOPS = **HOSPITAL\_TIMES**, GO TO **TIME\_STAMP\_HC\_ET.**
* IF NUMBER OF LOOPS < **HOSPITAL\_TIMES,** GO TO**HC20000.**
 |

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

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