

18M Questionnaire - Child

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| --- | --- |
| Event Category: | Time-Based |
| Event: | 18M |
| 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: | 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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18M Questionnaire - Child

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18M 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\_SLE\_ST).**

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| 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 (**INSTRUMENT\_ID** = XX) AND DISPLAY APPROPRIATE NAME IN “C\_FNAME” THROUGHOUT THE INSTRUMENT. * OTHERWISE, IF C\_FNAME IN PARTICIPANT VERIFICATION, SCHEDULING, & TRACING (**INSTRUMENT\_ID** = XX) = -1 OR -2, DISPLAY “the child” IN APPROPRIATE FIELDS THROUGHOUT THE INSTRUMENT. * IF **CHILD\_SEX** IN PARTICIPANT VERIFICATION, SCHEDULING, & TRACING QUESTIONNAIRE (**INSTRUMENT\_ID** = XX) = 1, DISPLAY “his”, “he”, OR “himself” IN APPROPRIATE FIELDS THROUGHOUT INSTRUMENT. * IF **CHILD\_SEX** IN PARTICIPANT VERIFICATION, SCHEDULING, & TRACING QUESTIONNAIRE (**INSTRUMENT\_ID** = XX) = 2, DISPLAY “her”, “she”, OR “herself” IN APPROPRIATE FIELDS THROUGHOUT INSTRUMENT. * PRELOAD **SEC\_RES** AND**RESP\_REL** FROMPARTICIPANT VERIFICATION, SCHEDULING & TRACING QUESTIONNAIRE (**INSTRUMENT\_ID**= XX). |

**SLE01000.** Now I would like to ask you a few questions about {C\_FNAME/the child}’s sleeping habits.  {When responding to the questions in this section, please think about the responses in relation to {C\_FNAME/the child}’s primary address or the place where {he/she} spends most of the time.}

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| INTERVIEWER INSTRUCTIONS |
| * IF NECESSARY, REMIND THE ADULT CAREGIVER THAT THE RESPONSES TO THIS SECTION SHOULD BE IN REFERENCE TO THE CHILD’S PRIMARY RESIDENCE, THE PLACE WHERE THE CHILD SPENDS MOST OF HIS OR HER TIME. |

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

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| PROGRAMMER INSTRUCTIONS |
| * IF **SEC\_RES**= 1, DISPLAY "When responding to the questions in this section, please think about the responses in relation to {C\_FNAME/the child}’s primary address or the place where {he/she} spends most of the time." |

**SLE02000/(SLEEP\_ROOM).** In which room does the child sleep?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| In {his/her} own room on {his/her} own | 1 | CHILD\_SLEEP\_OFTEN |
| In a room with other children | 2 | CHILD\_SLEEP\_OFTEN |
| In your bedroom | 3 | CHILD\_SLEEP\_OFTEN |
| OTHER | -5 |  |
| REFUSED | -1 | CHILD\_SLEEP\_OFTEN |
| DON'T KNOW | -2 | CHILD\_SLEEP\_OFTEN |

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

**SLE03000/(SLEEP\_ROOM\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**SLE04000/(CHILD\_SLEEP\_OFTEN).** Please tell me where {C\_FNAME/the child} usually sleeps at night.

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| A CRIB | 1 | SLEEP\_PARENT\_FREQ |
| A BASSINETTE | 2 | SLEEP\_PARENT\_FREQ |
| A CRADLE | 3 | SLEEP\_PARENT\_FREQ |
| A CARRY COT OR TRAVELING BED | 4 | SLEEP\_PARENT\_FREQ |
| AN ADULT BED OR MATTRESS | 5 | CHILD\_SLEEP\_ALONE |
| A SOFA | 6 | SLEEP\_PARENT\_FREQ |
| A PLAYPEN | 7 | SLEEP\_PARENT\_FREQ |
| A CAR OR INFANT SEAT | 8 | SLEEP\_PARENT\_FREQ |
| A COT | 9 | SLEEP\_PARENT\_FREQ |
| A DRAWER | 10 | SLEEP\_PARENT\_FREQ |
| A BOX | 11 | SLEEP\_PARENT\_FREQ |
| THE FLOOR | 12 | SLEEP\_PARENT\_FREQ |
| A BABY BED | 13 | SLEEP\_PARENT\_FREQ |
| A SWING | 14 | SLEEP\_PARENT\_FREQ |
| A STROLLER OR BUGGY | 15 | SLEEP\_PARENT\_FREQ |
| SOMEPLACE ELSE | -5 |  |
| REFUSED | -1 | SLEEP\_PARENT\_FREQ |
| DON'T KNOW | -2 | SLEEP\_PARENT\_FREQ |

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| SOURCE |
| National Infant Sleep Position, Survey of Households with Children 0-7 Months (modified) |

**SLE05000/(CHILD\_SLEEP\_OFTEN\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| National Infant Sleep Position, Survey of Households with Children 0-7 Months (modified) |

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| PROGRAMMER INSTRUCTIONS |
| * GO TO **SLEEP\_PARENT\_FREQ.** |

**SLE06000/(CHILD\_SLEEP\_ALONE).** Does {C\_FNAME/the child} usually sleep alone on an adult bed or mattress or share it with another person?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| ALONE | 1 | CHILD\_SHARE\_SOMETIMES |
| SHARES WITH PARENT(S) OR GUARDIAN | 2 |  |
| SHARES WITH ANOTHER ADULT | 3 |  |
| SHARES WITH ANOTHER CHILD | 4 |  |
| SHARES WITH ADULT AND OTHER CHILD(REN) | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| SOURCE |
| National Infant Sleep Position, Survey of Households with Children 0-7 Months |

**SLE07000/(CHILD\_SHARE\_NUM).** Counting {C\_FNAME/the child}, how many {people/children} USUALLY sleep on an adult bed or mattress with {him/her}?

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

NUMBER

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

|  |
| --- |
| SOURCE |
| National Infant Sleep Position, Survey of Households with Children 0-7 Months |

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| PROGRAMMER INSTRUCTIONS |
| * IF **CHILD\_SLEEP\_ALONE** = 2, 3, OR 5, DISPLAY "people". * IF **CHILD\_SLEEP\_ALONE** = 4, DISPLAY "children". * GO TO**SLEEP\_PARENT\_FREQ.** |

**SLE08000/(CHILD\_SHARE\_SOMETIMES).** You said {C\_FNAME/the child} usually sleeps alone. Does {C\_FNAME/the child} sometimes share a bed with another person?

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

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| --- |
| SOURCE |
| National Infant Sleep Position, Survey of Households with Children 0-7 Months |

**SLE09000/(SLEEP\_PARENT\_FREQ).** How often does {C\_FNAME/the child} sleep in the same bed with you?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Always | 1 |  |
| Almost always | 2 |  |
| Sometimes | 3 |  |
| Never | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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| --- |
| SOURCE |
| National Infant Sleep Position, Survey of Households with Children 0-7 Months |

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

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

USE OF PACIFIER

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

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

**UOP01000/(PACIFIER).** Does {C\_FNAME/the child} use a pacifier?

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

|  |
| --- |
| SOURCE |
| National Institute of Child Health and Human Development (NICHD) National Infant Sleep Position, Survey of Households with Children |

**UOP02000/(PACIFIER\_NIGHT).** How often does {C\_FNAME/the child} use a pacifier during nighttime sleep?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Never | 1 |  |
| Usually | 2 |  |
| Sometimes | 3 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Institute of Child Health and Human Development (NICHD) National Infant Sleep Position, Survey of Households with Children  (modified) |

**UOP03000/(PACIFIER\_DAY).** How often does {C\_FNAME/the child} use a pacifier during daytime sleep?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Never | 1 |  |
| Usually | 2 |  |
| Sometimes | 3 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Institute of Child Health and Human Development (NICHD) National Infant Sleep Position, Survey of Households with Children |

**UOP04000/(PACIFIER\_AWAKE).** How often does {C\_FNAME/the child} use a pacifier while awake?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Never | 1 |  |
| Usually | 2 |  |
| Sometimes | 3 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Institute of Child Health and Human Development (NICHD) National Infant Sleep Position, Survey of Households with Children |

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

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

BREAST-FEEDING

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP * IF **RESP\_REL** = 1 (BIOLOGICAL MOTHER), GO TO **BREAST\_FEED**. * IF **RESP\_REL** ≠ 1 (BIOLOGICAL MOTHER), GO TO **TIME\_STAMP\_BF\_ET**. |

**BF01000/(BREAST\_FEED).** Are you currently **breast-feeding** {C\_FNAME/the child}?

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

|  |
| --- |
| SOURCE |
| Infant Feeding Practices Study II (modified) |

**BF02000/(PUMPED).** Did you ever feed {C\_FNAME/the child} **breast milk**?

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

|  |
| --- |
| SOURCE |
| Adapted from Infant Feeding Practices Study II |

**BF03000.** How old was {C\_FNAME/the child} when you completely stopped feeding your baby breast milk?

|  |
| --- |
| SOURCE |
| ​Adapted from Infant Feeding Practices Study II |

**(BREAST\_STOP)** |\_\_\_|\_\_\_| NUMBER OF

**(BREAST\_STOP\_UNIT)**

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

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

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

PRODUCT USE - HOUSEHOLD AND CHILD

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

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

**PUH01000/(INSECT\_REPELLENT).** In the past six months, about how often have you used any insect repellent in the form of spray, lotion, or towelettes on {C\_FNAME/the child}?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| EVERY DAY | 1 |  |
| A FEW TIMES A WEEK | 2 |  |
| ABOUT ONCE A WEEK | 3 |  |
| 1-3 TIMES A MONTH | 4 |  |
| LESS THAN ONCE A MONTH | 5 |  |
| NOT AT ALL | 6 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| T1 Survey |

**PUH02000.** The next question asks about lice exposure and treatment.

**PUH03000/(TREAT\_LICE).** In the past 6 months, have you treated {C\_FNAME/the child} in your home for lice or scabies?

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

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (T1 Mother, T3 Prior, 6M, 12M) |

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

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