18M Questionnaire - Child

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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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).

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** FROM PARTICIPANT 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.}

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.

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

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**

Label	Code	Go To
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

SLE03000/(SLEEP_ROOM_OTH). SPECIFY: _____

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

SLE04000/(CHILD_SLEEP_OFTEN). Please tell me where {C_FNAME/the child} <u>usually</u> 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

SLE05000/(CHILD_SLEEP_OFTEN_OTH).
SPECIFY: _____

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

PROGRAMMER INSTRUCTIONS
• GO TO **SLEEP_PARENT_FREQ.**

SLE06000/(CHILD_SLEEP_ALONE). Does {C_FNAME/the child} <u>usually</u> 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	

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	

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} <u>usually</u> sleeps alone. Does {C_FNAME/the child} <u>sometimes</u> share a bed with another person?

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

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	

(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	

(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 <u>currently</u> **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 <u>ever</u> 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