

24M Questionnaire – Child

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| Event Category: | Time-Based |
| Event: | 24M |
| 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: | 2 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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24M 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.**

MEDICAL CONDITIONS

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

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| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP * PRELOAD PARTICIPANT ID (**P\_ID**) FOR CHILD HHAND 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 QUESTIONNAIRE (**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. |

**MC01000.** Now I'd like to ask about {C\_FNAME/the child}'s health and about some illnesses {he/she} may have had in the last 3 months.

**MC02000.** ​First, I have some questions about specific conditions or health problems {C\_FNAME/the child} may have.

**MC03000/(EYESIGHT).** Has a doctor ever told you that {C\_FNAME/the child} has difficulty seeing, including nearsightedness or farsightedness?

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

|  |
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| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort 9-Month Parent Interview (modified) |

**MC04000/(DEAF).** Has a doctor ever told you that {C\_FNAME/the child} has difficulty hearing or deafness? Do not include a temporary loss of hearing due to a cold or congestion.

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

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| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort 9-Month Parent Interview (modified) |

**MC05000/(IHMOB).** Does {C\_FNAME/the child} have an impairment or health problem that limits {his/her} ability to crawl, walk, run, or play?

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

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| --- |
| SOURCE |
| National Health Interview Survey (NHIS) 2011 Child Interview (modified) |

**MC06000/(STATIC\_COND).** Looking at this list, has a doctor or health professional ever told you that {C\_FNAME/the child} had any of these conditions?

|  |
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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. * SELECT ALL THAT APPLY |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| DOWN SYNDROME | 1 |  |
| CEREBRAL PALSY | 2 |  |
| MUSCULAR DYSTROPHY | 3 |  |
| CYSTIC FIBROSIS | 4 |  |
| SICKLE CELL ANEMIA | 5 |  |
| ARTHRITIS | 6 |  |
| CONGENITAL HEART DISEASE | 7 |  |
| OTHER HEART CONDITION | -5 |  |
| NO/NONE OF THE ABOVE | -7 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

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| SOURCE |
| National Children’s Study Vanguard Phase (24M) |

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| PROGRAMMER INSTRUCTIONS |
| * IF **STATIC\_COND** = -1, -2, OR -7, DO NOT ALLOW SELECTION OF OTHER RESPONSES AND GO TO **TIME\_STAMP\_MC\_ET**. * IF **STATIC\_COND** = ANY COMBINATION OF VALUES 1 THROUGH 7, GO TO **TIME\_STAMP\_MC\_ET**. * IF **STATIC\_COND** = -5 OR ANY COMBINATION OF VALUES 1 THROUGH 7 AND -5, GO TO **STATIC\_COND\_OTH**. |

**MC07000/(STATIC\_COND\_OTH ).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| National Children’s Study Vanguard Phase (24M) |

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

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

SPECIAL DIET

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

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

**SD01000/(CHILD\_DIET).** Is your child on any kind of special diet, such as vegetarian, gluten free, restricted milk or dairy, or any other special diet?

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

|  |
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| SOURCE |
| Avon Longitudinal Survey of Parent and Children (modified) |

**SD02000/(CHILD\_DIET\_TYPE).** What type of special diet is {C\_FNAME/the child} on?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| GLUTEN-FREE | 1 |  |
| RESTRICTED MILK | 2 |  |
| VEGETARIAN | 3 |  |
| WEIGHT LOSS OR LOW CALORIE DIET | 4 |  |
| LOW FAT OR CHOLESTEROL DIET | 5 |  |
| LOW SALT OR SODIUM DIET | 6 |  |
| LOW FIBER DIET | 7 |  |
| HIGH FIBER DIET | 8 |  |
| DIABETIC DIET | 9 |  |
| SUGAR FREE DIET | 10 |  |
| WEIGHT GAIN DIET | 11 |  |
| OTHER | -5 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

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

|  |
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| PROGRAMMER INSTRUCTIONS |
| * IF **CHILD\_DIET\_TYPE** = -1 OR -2, DO NOT ALLOW SELECTION OF OTHER RESPONSES AND GO TO **TIME\_STAMP\_SD\_ET**. * IF **CHILD\_DIET\_TYPE** = ANY COMBINATION OF VALUES 1 THROUGH 11, GO TO **TIME\_STAMP\_SD\_ET**. * IF **CHILD\_DIET\_TYPE** = -5 OR ANY COMBINATION OF VALUES 1 THROUGH 11 AND -5, GO TO **CHILD\_DIET\_TYPE\_OTH**. |

**SD03000/(CHILD\_DIET\_TYPE\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

PRODUCT USE – HOUSEHOLD

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

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

**PU01000/(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 |  |

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| SOURCE |
| National Children’s Study, Legacy Phase (T1) |

**PU02000.** The next question asks about lice exposure and treatment.

**PU03000/(TREATED\_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\_PU\_ET).**

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