

Core Questionnaire - Adult

|  |  |
| --- | --- |
| Event Category: | Time-Based |
| Event: | 6M, 12M, 24M, 36M, 48M, 60M |
| 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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Core Questionnaire - Adult

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Core 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 | 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 |

**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.**

GENERAL HEALTH - (6M, THEN ANNUAL AT 12 M)

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP
* PRELOAD PARTICIPANT ID (**P\_ID**) AND RESPONDENT ID (**R\_P\_ID**) FOR ADULT CAREGIVER.
 |

**GH01000.** Now I’d like ask about your general health.

**GH02000/(HEALTH).** Would you say your health in general is ...

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Excellent | 1 |  |
| Very good | 2 |  |
| Good | 3 |  |
| Fair | 4 |  |
| Poor | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
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| SOURCE |
| Behavioral Risk Factor Surveillance System (BRFSS) 2011 |

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

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

EMPLOYMENT - (6M, THEN ANNUAL AT 12 M)

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

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

**EMP01000.** Because people's work situations can change, the next set of questions is about your work in just the past 12 months.

**EMP02000/(WORK\_LAST\_CONTACT).** In the past 12 months, have you been employed at a job or business?

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

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard Phase  |

**EMP03000/(WORK\_CURRENTLY).** Are you currently employed?

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

|  |
| --- |
| SOURCE |
| Avon Longitudinal Survey of Parents And Children (ALSPAC) New Mother Questionnaire |

**EMP04000/(WORK\_HRS).** How many hours per week do you work?

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

  HOURS

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

|  |
| --- |
| SOURCE |
| Herald Study |

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| PROGRAMMER INSTRUCTIONS |
| * DISPLAY HARD EDIT IF **WORK\_HRS** < 0 OR > 112.
* DISPLAY SOFT EDIT IF **WORK\_HRS** IS > 80 BUT ≤ 112.
* IF **WORK\_NAME** COLLECTED DURING PREVIOUS INTERVIEW FOR **R\_P\_ID** AND **WORK\_NAME** ≠ -1 OR -2:
	+ GO TO **WORK\_NAME\_CONFIRM**.
	+ PRELOAD LAST VALUE FOR **WORK\_NAME** FOR **R\_P\_ID.**
* OTHERWISE, GO TO **WORK\_NAME**.
 |

**EMP05000/(WORK\_NAME\_CONFIRM).** Let me confirm the name of the place where you work.  I have it as {PARENT/CAREGIVER’S WORK PLACE NAME}.  Is this correct?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 | WORK\_ADDRESS\_VAR\_CONFIRM\_NEW |
| NO | 2 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Evaluation of Community Health Marriage Incentive and NLSY (modified) |

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| PROGRAMMER INSTRUCTIONS |
| * DISPLAY LAST VALUE OF **WORK\_NAME** FOR **R\_P\_ID**IN "PARENT/CAREGIVER'S WORK PLACE NAME".
* IF **WORK\_NAME\_CONFIRM** =1, GO TO PROGRAMMER INSTRUCTIONS FOLLOWING  **WORK\_NAME**.
* OTHERWISE, IF **WORK\_NAME\_CONFIRM** = - 2, -1, OR -2, GO TO **WORK\_NAME.**
 |

**EMP06000/(WORK\_NAME).** What is the name of the place where you work?

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

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

|  |
| --- |
| SOURCE |
| Evaluation of Community Health Marriage Incentive and NLSY (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **WORK\_ADDRESS\_1, WORK\_ADDRESS\_2, WORK\_CITY, WORK\_STATE,** AND **WORK\_ZIP** COLLECTED DURING A PREVIOUS INTERVIEW FOR CURRENT **R\_P\_ID**AND ALL VALUES ≠ -1 OR -2:
	+ GO TO **WORK\_ADDRESS\_VAR\_CONFIRM\_NEW**.
	+ PRELOAD LAST COLLECTED **WORK\_ADDRESS\_1, WORK\_ADDRESS\_2, WORK\_UNIT, WORK\_CITY, WORK\_STATE, WORK\_ZIP,** AND **WORK\_ZIP4**FOR CURRENT **R\_P\_ID.**
* OTHERWISE, IF **WORK\_ADDRESS\_1, WORK\_ADDRESS\_2, WORK\_CITY, WORK\_STATE,**AND **WORK\_ZIP** NOT COLLECTED PREVIOUSLY FOR CURRENT **R\_P\_ID** OR ALL VALUES = -1 OR -2, GO TO **EMP08000**.
 |

**EMP07000/(WORK\_ADDRESS\_VAR\_CONFIRM\_NEW).** Let me confirm your work address. I have it as {PARENT/CAREGIVER’S WORK ADDRESS}. Is this correct?

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

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| --- |
| SOURCE |
| National Children’s Study, Vanguard Phase |

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| PROGRAMMER INSTRUCTIONS |
| * DISPLAY LAST COLLECTED **WORK\_ADDRESS\_1, WORK\_ADDRESS\_2, WORK\_UNIT, WORK\_CITY, WORK\_STATE, WORK\_ZIP,**AND **WORK\_ZIP4**FOR CURRENT **R\_P\_ID** IN "PARENT/CAREGIVER'S WORK ADDRESS".
* IF **WORK\_ADDRESS\_VAR\_CONFIRM\_NEW** = 2, -1, OR -2, GO TO **EMP08000**.
* OTHERWISE, GO TO **TIME\_STAMP\_EMP\_ET.**
 |

**EMP08000.** What is your work address?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * PROBE AND ENTER AS MUCH INFORMATION AS ADULT CAREGIVER KNOWS.
 |

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard Phase |

**(WORK\_ADDRESS\_1)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS 1 - STREET/PO BOX

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

**(WORK\_ADDRESS\_2)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS 2

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

**(WORK\_UNIT)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UNIT

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

**(WORK\_CITY)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY

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

**(WORK\_STATE)** |\_\_\_|\_\_\_|

  STATE

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

**(WORK\_ZIP)** |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|-

 ZIP CODE

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

**(WORK\_ZIP4)** |\_\_\_|\_\_\_|\_\_\_|\_\_\_|

 ZIP+4

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

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

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

|  |
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| PROGRAMMER INSTRUCTIONS |
| IF WORK\_LAST\_CONTACT OR WORK\_CURRENTLY=2, -1, OR -2, GO TO TIME\_STAMP\_EDU\_ST. |

OCCUPATION - (6M, THEN ANNUAL AT 12 M)

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

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

**OCC01000.** Next, I’d like to ask some questions about the type of work you do.

**OCC02000/(WORK\_GROUP).** Which one of the following groups does your job fall into?

|  |
| --- |
| 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 |
| MANAGEMENT | 1 | TIME\_STAMP\_OCC\_ET |
| BUSINESS AND FINANCIAL | 2 | TIME\_STAMP\_OCC\_ET |
| COMPUTER AND MATHEMATICS | 3 | TIME\_STAMP\_OCC\_ET |
| ARCHITECTURE AND ENGINEERING | 4 | TIME\_STAMP\_OCC\_ET |
| LIFE,PHYSICAL AND SOCAIL SCIENCES | 5 | TIME\_STAMP\_OCC\_ET |
| COMMUNITY AND SOCIAL SERVICES | 6 | TIME\_STAMP\_OCC\_ET |
| LEGAL | 7 | TIME\_STAMP\_OCC\_ET |
| EDUCATION, TRAINING, AND LIBRARY SCIENCE | 8 | TIME\_STAMP\_OCC\_ET |
| ARTS, DESIGN, ENTERTAINMENT, SPORTS, AND MEDIA | 9 | TIME\_STAMP\_OCC\_ET |
| HEALTHCARE PRACTITIONERS AND TECHNICIANS | 10 | TIME\_STAMP\_OCC\_ET |
| HEALTH CARE SUPPORT | 11 | TIME\_STAMP\_OCC\_ET |
| PROTECTIVE SERVICES | 12 | TIME\_STAMP\_OCC\_ET |
| FOOD PREPARATION AND SERVING | 13 | TIME\_STAMP\_OCC\_ET |
| BUILDING AND GROUNDS CLEANING AND MAINTENANCE | 14 | TIME\_STAMP\_OCC\_ET |
| PERSONAL CARE AND SERVICE | 15 | TIME\_STAMP\_OCC\_ET |
| SALES AND RELATED WORK | 16 | TIME\_STAMP\_OCC\_ET |
| OFFICE AND ADMINISTRATIVE SUPPORT | 17 | TIME\_STAMP\_OCC\_ET |
| FARMING , FISHING, AND FORESTRY | 18 | TIME\_STAMP\_OCC\_ET |
| CONSTRUCTION AND EXTRACTION | 19 | TIME\_STAMP\_OCC\_ET |
| INSTALLATION, MAINTENANCE, AND REPAIR | 20 | TIME\_STAMP\_OCC\_ET |
| PRODUCTION | 21 | TIME\_STAMP\_OCC\_ET |
| TRANSPORTATION AND MATERIAL MOVING | 22 | TIME\_STAMP\_OCC\_ET |
| MILITARY SPECIFIC | 23 | TIME\_STAMP\_OCC\_ET |
| OTHER OCCUPATION | -5 |  |
| REFUSED | -1 | TIME\_STAMP\_OCC\_ET |
| DON'T KNOW | -2 | TIME\_STAMP\_OCC\_ET |

|  |
| --- |
| SOURCE |
| Bureau of Labor Statistics, Standard Occupational Classification 2010 (modified) |

**OCC03000/(WORK\_GROUP\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| Bureau of Labor Statistics, Standard Occupational Classification 2010 (modified) |

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

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

EDUCATION - (6M, THEN ANNUAL AT 12 M)

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

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

**EDU01000.** Next, I would like to ask you about your education.

**EDU02000/(EDUC).** What is the highest degree or level of school you have completed?

|  |
| --- |
| 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 |
| LESS THAN A HIGH SCHOOL DIPLOMA OR GED | 1 |  |
| HIGH SCHOOL DIPLOMA OR GED | 2 |  |
| SOME COLLEGE BUT NO DEGREE | 3 |  |
| ASSOCIATE DEGREE | 4 |  |
| BACHELOR’S DEGREE (FOR EXAMPLE, BA, BS) | 5 |  |
| POST-GRADUATE DEGREE (FOR EXAMPLE, MASTER'S OR DOCTORAL) | 6 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| American Community Survey (ACS) 2007 (modified) |

**EDU03000/(SCHOOL\_CURRENTLY).** Are you currently attending or enrolled in any courses from a school, college, or university?

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Kindergarten Cohort (ECLS-K) |

**EDU04000/(SCHOOL\_FT).** Are you currently taking courses full-time or part-time?

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Kindergarten Cohort (ECLS-K) |

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

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