



30M Questionnaire - Child

Event Category:	Time-Based
Event:	30M
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:	11 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.

Public reporting burden for this collection of information is estimated to average 11 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0593*). Do not return the completed form to this address.

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30M Questionnaire - Child

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30M 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	<ul style="list-style-type: none"> Limit text to 255 characters
FIRST NAME AND LAST NAME	30	CHARACTER	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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.**

PARENTING

(TIME_STAMP_PAR_ST).

PROGRAMMER INSTRUCTIONS

- INSERT DATE/TIME STAMP
- PRELOAD PARTICIPANT ID (**P_ID**) FOR CHILD AND RESPONDENT ID (**R_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 QUESTIONNAIRE =-1 OR -2 DISPLAY "the child" IN APPROPRIATE FIELDS THROUGHOUT THE INSTRUMENT.
- IF **CHILD_SEX** IN PARTICIPANT VERIFICATION QUESTIONNAIRE=1, DISPLAY "his", "he", OR "himself" IN APPROPRIATE FIELDS THROUGHOUT INSTRUMENT.
- IF **CHILD_SEX** IN PARTICIPANT VERIFICATION QUESTIONNAIRE=2, DISPLAY "her", "she", OR "herself" IN APPROPRIATE FIELDS THROUGHOUT INSTRUMENT.

PAR01000. Now I would like to ask you some questions about things you may do with {C_FNAME/the child}? Please tell me how many days you do each of these activities in a typical week. How many days a week do you

SOURCE

The Fragile Families and Child Wellbeing Study (Mother's 3-Year Follow-Up Survey)
Public Use Version, May 2008

PAR02000/(SING). Sing songs or nursery rhymes with {C_FNAME/the child}?

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
NEVER/LESS THAN ONE DAY PER WEEK	0	
1 DAY PER WEEK	1	
2 DAYS PER WEEK	2	
3 DAYS PER WEEK	3	
4 DAYS PER WEEK	4	
5 DAYS PER WEEK	5	
6 DAYS PER WEEK	6	
7 DAYS PER WEEK	7	
REFUSED	-1	
DON'T KNOW	-2	

SOURCE

The Fragile Families and Child Wellbeing Study (Mother's 3-Year Follow-Up Survey)
Public Use Version, May 2008

PAR03000/(HUG). Hug or show physical affection to {C_FNAME/the child}?

INTERVIEWER INSTRUCTIONS

- IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
- IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
- RE-READ INTRODUCTORY STATEMENT (How many days a week do you...?) AS NEEDED

Label	Code	Go To
NEVER/LESS THAN ONE DAY PER WEEK	0	
1 DAY PER WEEK	1	
2 DAYS PER WEEK	2	
3 DAYS PER WEEK	3	
4 DAYS PER WEEK	4	
5 DAYS PER WEEK	5	
6 DAYS PER WEEK	6	
7 DAYS PER WEEK	7	
REFUSED	-1	
DON'T KNOW	-2	

SOURCE

The Fragile Families and Child Wellbeing Study (Mother's 3-Year Follow-Up Survey)
Public Use Version, May 2008

PAR04000/(TELL_LOVE). Tell {C_FNAME/the child} that you love {him/her}?

INTERVIEWER INSTRUCTIONS

- IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
- IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
- RE-READ INTRODUCTORY STATEMENT (How many days a week do you...?) AS NEEDED

Label	Code	Go To
NEVER/LESS THAN ONE DAY PER WEEK	0	
1 DAY PER WEEK	1	
2 DAYS PER WEEK	2	
3 DAYS PER WEEK	3	
4 DAYS PER WEEK	4	
5 DAYS PER WEEK	5	
6 DAYS PER WEEK	6	
7 DAYS PER WEEK	7	

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

SOURCE

The Fragile Families and Child Wellbeing Study (Mother's 3-Year Follow-Up Survey)
Public Use Version, May 2008

PAR05000/(HELP_CHORES). Let {C_FNAME/the child} help you with simple household chores?

INTERVIEWER INSTRUCTIONS

- IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
- IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
- RE-READ INTRODUCTORY STATEMENT (How many days a week do you...?) AS NEEDED

Label	Code	Go To
NEVER/LESS THAN ONE DAY PER WEEK	0	
1 DAY PER WEEK	1	
2 DAYS PER WEEK	2	
3 DAYS PER WEEK	3	
4 DAYS PER WEEK	4	
5 DAYS PER WEEK	5	
6 DAYS PER WEEK	6	
7 DAYS PER WEEK	7	
REFUSED	-1	
DON'T KNOW	-2	

SOURCE

The Fragile Families and Child Wellbeing Study (Mother's 3-Year Follow-Up Survey)
Public Use Version, May 2008

PAR06000/(PLAY_GAMES). Play imaginary games with {C_FNAME/the child}?

INTERVIEWER INSTRUCTIONS

- IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
- IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
- RE-READ INTRODUCTORY STATEMENT (How many days a week do you...?) AS NEEDED

Label	Code	Go To
NEVER/LESS THAN ONE DAY PER WEEK	0	
1 DAY PER WEEK	1	
2 DAYS PER WEEK	2	

Label	Code	Go To
3 DAYS PER WEEK	3	
4 DAYS PER WEEK	4	
5 DAYS PER WEEK	5	
6 DAYS PER WEEK	6	
7 DAYS PER WEEK	7	
REFUSED	-1	
DON'T KNOW	-2	

SOURCE

The Fragile Families and Child Wellbeing Study (Mother's 3-Year Follow-Up Survey)
Public Use Version, May 2008

PAR07000/(READ_STORIES). Read stories to {C_FNAME/the child}?

INTERVIEWER INSTRUCTIONS

- IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
- IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
- RE-READ INTRODUCTORY STATEMENT (How many days a week do you...?) AS NEEDED

Label	Code	Go To
NEVER/LESS THAN ONE DAY PER WEEK	0	
1 DAY PER WEEK	1	
2 DAYS PER WEEK	2	
3 DAYS PER WEEK	3	
4 DAYS PER WEEK	4	
5 DAYS PER WEEK	5	
6 DAYS PER WEEK	6	
7 DAYS PER WEEK	7	
REFUSED	-1	
DON'T KNOW	-2	

SOURCE

The Fragile Families and Child Wellbeing Study (Mother's 3-Year Follow-Up Survey)
Public Use Version, May 2008

PAR08000/(TELL_STORIES). Tell stories to {C_FNAME/the child}?

INTERVIEWER INSTRUCTIONS

- IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
- IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
- ?RE-READ INTRODUCTORY STATEMENT (How many days a week do you...?) AS NEEDED

Label	Code	Go To
NEVER/LESS THAN ONE	0	

Label	Code	Go To
DAY PER WEEK		
1 DAY PER WEEK	1	
2 DAYS PER WEEK	2	
3 DAYS PER WEEK	3	
4 DAYS PER WEEK	4	
5 DAYS PER WEEK	5	
6 DAYS PER WEEK	6	
7 DAYS PER WEEK	7	
REFUSED	-1	
DON'T KNOW	-2	

SOURCE

The Fragile Families and Child Wellbeing Study (Mother's 3-Year Follow-Up Survey)
Public Use Version, May 2008

PAR09000/(PLAY_TOYS). Play inside with toys such as blocks or legos with {C_FNAME/the child}?

INTERVIEWER INSTRUCTIONS

- IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
- IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
- ?RE-READ INTRODUCTORY STATEMENT (How many days a week do you...?) AS NEEDED

Label	Code	Go To
NEVER/LESS THAN ONE DAY PER WEEK	0	
1 DAY PER WEEK	1	
2 DAYS PER WEEK	2	
3 DAYS PER WEEK	3	
4 DAYS PER WEEK	4	
5 DAYS PER WEEK	5	
6 DAYS PER WEEK	6	
7 DAYS PER WEEK	7	
REFUSED	-1	
DON'T KNOW	-2	

SOURCE

The Fragile Families and Child Wellbeing Study (Mother's 3-Year Follow-Up Survey)
Public Use Version, May 2008

PAR10000/(TELL_APPREC). Tell {C_FNAME/the child} that you appreciated something {he/she} did?

INTERVIEWER INSTRUCTIONS

- IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
- IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.

INTERVIEWER INSTRUCTIONS

- RE-READ INTRODUCTORY STATEMENT (How many days a week do you...?) AS NEEDED

Label	Code	Go To
NEVER/LESS THAN ONE DAY PER WEEK	0	
1 DAY PER WEEK	1	
2 DAYS PER WEEK	2	
3 DAYS PER WEEK	3	
4 DAYS PER WEEK	4	
5 DAYS PER WEEK	5	
6 DAYS PER WEEK	6	
7 DAYS PER WEEK	7	
REFUSED	-1	
DON'T KNOW	-2	

SOURCE

The Fragile Families and Child Wellbeing Study (Mother's 3-Year Follow-Up Survey)
Public Use Version, May 2008

PAR11000/(VISIT_RELATIVES). Take {C_FNAME/the child} to visit relatives?

INTERVIEWER INSTRUCTIONS

- IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
- IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
- RE-READ INTRODUCTORY STATEMENT (How many days a week do you...?) AS NEEDED

Label	Code	Go To
NEVER/LESS THAN ONE DAY PER WEEK	0	
1 DAY PER WEEK	1	
2 DAYS PER WEEK	2	
3 DAYS PER WEEK	3	
4 DAYS PER WEEK	4	
5 DAYS PER WEEK	5	
6 DAYS PER WEEK	6	
7 DAYS PER WEEK	7	
REFUSED	-1	
DON'T KNOW	-2	

SOURCE

The Fragile Families and Child Wellbeing Study (Mother's 3-Year Follow-Up Survey)
Public Use Version, May 2008

PAR12000/(EAT_OUT). Go to a restaurant or out to eat with {C_FNAME/the child}?

INTERVIEWER INSTRUCTIONS

- IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
- IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
- RE-READ INTRODUCTORY STATEMENT (How many days a week do you...?) AS NEEDED

Label	Code	Go To
NEVER/LESS THAN ONE DAY PER WEEK	0	
1 DAY PER WEEK	1	
2 DAYS PER WEEK	2	
3 DAYS PER WEEK	3	
4 DAYS PER WEEK	4	
5 DAYS PER WEEK	5	
6 DAYS PER WEEK	6	
7 DAYS PER WEEK	7	
REFUSED	-1	
DON'T KNOW	-2	

SOURCE

The Fragile Families and Child Wellbeing Study (Mother's 3-Year Follow-Up Survey)
Public Use Version, May 2008

PAR13000/(ASSIST_EAT). Assist {C_FNAME/the child} with eating?

INTERVIEWER INSTRUCTIONS

- IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
- IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
- RE-READ INTRODUCTORY STATEMENT (How many days a week do you...?) AS NEEDED

Label	Code	Go To
NEVER/LESS THAN ONE DAY PER WEEK	0	
1 DAY PER WEEK	1	
2 DAYS PER WEEK	2	
3 DAYS PER WEEK	3	
4 DAYS PER WEEK	4	
5 DAYS PER WEEK	5	
6 DAYS PER WEEK	6	
7 DAYS PER WEEK	7	
REFUSED	-1	
DON'T KNOW	-2	

SOURCE

The Fragile Families and Child Wellbeing Study (Mother's 3-Year Follow-Up Survey)
Public Use Version, May 2008

PAR14000/(PUT_BED). Put {C_FNAME/the child} to bed?

INTERVIEWER INSTRUCTIONS

- IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
- IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
- RE-READ INTRODUCTORY STATEMENT (How many days a week do you...?) AS NEEDED

Label	Code	Go To
NEVER/LESS THAN ONE DAY PER WEEK	0	
1 DAY PER WEEK	1	
2 DAYS PER WEEK	2	
3 DAYS PER WEEK	3	
4 DAYS PER WEEK	4	
5 DAYS PER WEEK	5	
6 DAYS PER WEEK	6	
7 DAYS PER WEEK	7	
REFUSED	-1	
DON'T KNOW	-2	

SOURCE

The Fragile Families and Child Wellbeing Study (Mother's 3-Year Follow-Up Survey)
Public Use Version, May 2008

(TIME_STAMP_PAR_ET).

PROGRAMMER INSTRUCTIONS

- INSERT DATE/TIME STAMP

CHILD ACTIVITY

(TIME_STAMP_CA_ST).

PROGRAMMER INSTRUCTIONS

INSERT DATE/TIME STAMP

CA01000. Now I'd like to ask you some questions about {C_FNAME/the child}'s activities.

SOURCE

National Children's Study, Vanguard Phase

CA02000/(OVERALL_ACTIVITY). Thinking about {C_FNAME/the child}'s overall activity level, would you say {he/she} is ...

Label	Code	Go To
Less active than other children of {his/her} age	1	
About as active	2	
Slightly more active	3	
A lot more active than other children of {his/her} age	4	
REFUSED	-1	
DON'T KNOW	-2	

SOURCE

Early Childhood Longitudinal Study (ECLS-K) Spring. Parent Interview Questionnaire.

CA03000/(CONCERN_OVERALL_ACTIVITY). Do you have any concerns about {C_FNAME/the child}'s overall activity level?

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

SOURCE

Early Childhood Longitudinal Study (ECLS-K) Spring. Parent Interview Questionnaire.

CA04000/(OVERALL_PHYSICAL_ACTIVITY). Now I want to ask you about {C_FNAME/the child}'s physical activities. Compared to other {boys/girls} {his/her} age, how physically active is {C_FNAME/the child}? Is {he/she}...

Label	Code	Go To
More physically active than other {boys/girls}	1	
Less physically active than	2	

Label	Code	Go To
other {boys/girls}		
About the same as other {boys/girls}	3	
REFUSED	-1	
DON'T KNOW	-2	

SOURCE

Early Childhood Longitudinal Study (ECLS-K) Spring. Parent Interview Questionnaire.

PROGRAMMER INSTRUCTIONS

- IF CHILD_SEX = 1, DISPLAY "boys"
- IF CHILD_SEX = 2, DISPLAY "girls"

CA05000/(OUTSIDE_OVERALL_ACTIVITY). How many hours in a normal week would you say {C_FNAME/the child} spends out of doors (assuming the weather is reasonable) - please include time spent playing, going to shops, etc.

Label	Code	Go To
0 hours	1	
1-2 hours	2	
3-6 hours	3	
7-13 hours	4	
14-20 hours	5	
21 hours or more	6	
REFUSED	-1	
DON'T KNOW	-2	

SOURCE

Avon Longitudinal Study of Parents and Children (ALSPAC) My Little Girl/Boy (24-Month) Questionnaire

(TIME_STAMP_CA_ET).

PROGRAMMER INSTRUCTIONS

- INSERT DATE/TIME STAMP

MEDIA EXPOSURE

(TIME_STAMP_ME_ST).

PROGRAMMER INSTRUCTIONS

- INSERT DATE/TIME STAMP

ME01000. Now I would like to ask a few additional questions about how often {C_FNAME/the child} watches TV and videos. By watching, we mean that your child was in a place where {he/she} could see a television or other media that was on.

SOURCE

National Children's Study, Vanguard Phase

ME02000/(TV_ENTERTAIN). How often does {C_FNAME/the child} watch TV and/or videos and DVDs for entertainment?

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
EVERY DAY	1	
5-6 DAYS A WEEK	2	
2-4 DAYS A WEEK	3	
ONCE A WEEK OR LESS	4	
NEVER	5	
REFUSED	-1	
DON'T KNOW	-2	

SOURCE

Media Survey Questionnaire (Kaiser Family Foundation)

ME03000/(TV_EDUCATION). How often does {C_FNAME/the child} watch TV and/or videos and DVDs for education?

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
EVERY DAY	1	
5-6 DAYS A WEEK	2	
2-4 DAYS A WEEK	3	
ONCE A WEEK OR LESS	4	
NEVER	5	
REFUSED	-1	

Label	Code	Go To
DON'T KNOW	-2	

SOURCE

National Children's Study, Vanguard Phase (12M)

ME04000/(TV_RELAX). How often does {C_FNAME/the child} watch TV and/or videos and DVDs to relax or calm them?

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
EVERY DAY	1	
5-6 DAYS A WEEK	2	
2-4 DAYS A WEEK	3	
ONCE A WEEK OR LESS	4	
NEVER	5	
REFUSED	-1	
DON'T KNOW	-2	

SOURCE

National Children's Study, Vanguard Phase (12M)

ME05000/(TV_OCCUPIED). How often does {C_FNAME/the child} watch TV and/or videos and DVDs to keep {himself/herself} occupied while you get other things done?

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
EVERY DAY	1	
5-6 DAYS A WEEK	2	
2-4 DAYS A WEEK	3	
ONCE A WEEK OR LESS	4	
NEVER	5	
REFUSED	-1	
DON'T KNOW	-2	

SOURCE

National Children's Study, Vanguard Phase (12M)

ME06000/(TV_ON_TIME). When someone is at home, how often is the television on?

Label	Code	Go To
All of the time	1	
Most of the time	2	
Sometimes	3	
Rarely	4	
Never	5	
DO NOT HAVE A TV	-7	
REFUSED	-1	
DON'T KNOW	-2	

SOURCE

Avon Longitudinal Study of Parents and Children (ALSPAC) (modified)

ME07000. Which of the following kinds of programs does {he/she} watch?

SOURCE

Avon Longitudinal Study of Parents and Children (ALSPAC) (modified)

ME08000/(TV_PROG_CHILD). Children's programs on TV?

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

SOURCE

Avon Longitudinal Study of Parents and Children (ALSPAC) (modified)

ME09000/(TV_PROG_OTHER). Other programs on TV?

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

SOURCE

Avon Longitudinal Study of Parents and Children (ALSPAC) (modified)

ME10000/(TV_VIDEO_CHILD). Children's videos?

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

SOURCE

ME11000/(TV_VIDEO_OTHER). Other videos?

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

SOURCE

Avon Longitudinal Study of Parents and Children (ALSPAC) (modified)

ME12000. Now I would like to ask a few questions about how often {C_FNAME/the child} reads books.

SOURCE

National Children's Study, Vanguard Phase

ME13000/(DAYS_READ). During the past week, how many days did you or other family members read stories to {C_FNAME/the child}?

|_|
NUMBER OF DAYS

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

SOURCE

Avon Longitudinal Study of Parents and Children (ALSPAC)

PROGRAMMER INSTRUCTIONS

- DISPLAY HARD EDIT IF DAYS_READS < 0 OR > 7

PROGRAMMER INSTRUCTIONS

- DISPLAY HARD EDIT IF DAYS_READS < 0 OR > 7

ME14000/(TOTAL_NUMBER_BOOKS). About how many children's books are there in your house, including library books? Please only include books that are for children.

|_|_|_|
NUMBER OF BOOKS

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

SOURCE

The State and Local Area Integrated Telephone Survey (SLAITS) National Survey of Early Childhood Health (NSECH)

(TIME_STAMP_ME_ET).

PROGRAMMER INSTRUCTIONS

- INSERT DATE/TIME STAMP

DIET

(TIME_STAMP_DIE_ST).

PROGRAMMER INSTRUCTIONS

- INSERT DATE/TIME STAMP

DIE01000. Next, I have some questions about {C_FNAME/the child}'s eating habits.

SOURCE

National Health and Nutrition Examination Survey (NHANES)

DIE02000/(HEALTHY_DIET). In general, how healthy is {his/her} overall diet? Would you say . . .

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

SOURCE

National Health and Nutrition Examination Survey (NHANES)

DIE03000/(CHOICE_FOODS). How much choice do you allow {C_FNAME/the child} in deciding what foods {he/she} eats at meals?

Label	Code	Go To
{He/She} can choose from any food available	1	
{He/She} is given a choice from a few alternatives that you select	2	
You decide what {he/she} will eat	3	
YOU ARE NEVER IN CHARGE OF PREPARING {HIS/HER} MEALS	-7	
REFUSED	-1	
DON'T KNOW	-2	

SOURCE

Avon Longitudinal Study of Adults and Children (ALSPAC) (modified)

DIE04000/(EAT_NON_FOOD). Does {he/she} eat dirt or other non-food substances?

Label	Code	Go To
Yes, every day	1	
Yes, at least once a week	2	
Yes, less than once a week	3	
No, not at all	4	
REFUSED	-1	
DON'T KNOW	-2	

SOURCE

Avon Longitudinal Study of Parents and Children (ALSPAC) My Five Year Old Son/Daughter (65-Month) Questionnaire (modified)

DIE05000. The next questions ask about food {C_FNAME/the child} ate or drank during the past 7 days. Think about all the meals and snacks {C_FNAME/the child} had from the time {he/she} got up until {he/she} went to bed. Be sure to include food {C_FNAME/the child} ate at home, preschool, restaurants, play dates, anywhere else, and over the weekend.

SOURCE

Early Childhood Longitudinal Program-Birth Cohort (ECLS-B)

DIE06000/(DRINK_MILK). During the past 7 days, how many times did {C_FNAME/the child} drink milk? Would you say...

Label	Code	Go To
Once a day	1	
Twice a day	2	
Three times a day	3	
Four or more times a day	4	
One to three times during the past 7 days	5	
Four to six times during the past 7 days	6	
Your child did not drink milk during the past 7 days	-7	DRINK_JUICE
REFUSED	-1	
DON'T KNOW	-2	

SOURCE

Early Childhood Longitudinal Program-Birth Cohort (ECLS-B)

DIE07000/(DRINK_MOST_OFTEN). What kind of milk did your child usually (most often) drink during the past 7 days? Include all types of milk, including cow's milk, soy milk or any other kind of milk; include the milk {he/she} drank in a glass or cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass.

Label	Code	Go To
WHOLE MILK	1	DRINK_JUICE
2% MILK	2	DRINK_JUICE
SKIM MILK	3	DRINK_JUICE

Label	Code	Go To
LOW FAT OR 1% MILK	4	DRINK_JUICE
SOY MILK	5	DRINK_JUICE
EQUAL AMOUNTS OF REGULAR COW'S MILK AND SOYMILK	6	DRINK_JUICE
SOME OTHER KIND OF MILK	-5	
REFUSED	-1	DRINK_JUICE
DON'T KNOW	-2	DRINK_JUICE

SOURCE

Early Childhood Longitudinal Program-Birth Cohort (ECLS-B)

DIE08000/(DRINK_MOST OftEN_OTH).

SPECIFY: _____

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

SOURCE

Early Childhood Longitudinal Program-Birth Cohort (ECLS-B)

DIE09000/(DRINK_JUICE). During the past 7 days, how many times did {C_FNAME/the child} drink 100% fruit juices such as orange juice, apple juice, or grape juice? Do not count punch, Sunny Delight, Kool-Aid, sports drinks, or other fruit-flavored drinks.

INTERVIEWER INSTRUCTIONS

- IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
- IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
- RE-READ INTRODUCTORY STATEMENT (During the past 7 days ...?) AS NEEDED.

Label	Code	Go To
1 TIME PER DAY	1	
2 TIMES PER DAY	2	
3 TIMES PER DAY	3	
4 OR MORE TIMES PER DAY	4	
1 TO 3 TIMES DURING THE PAST 7 DAYS	5	
4 TO 6 TIMES DURING THE PAST 7 DAYS	6	
CHILD DID NOT DRINK 100% FRUIT JUICE DURING THE PAST 7 DAYS	-7	
REFUSED	-1	
DON'T KNOW	-2	

SOURCE

Early Childhood Longitudinal Program-Birth Cohort (ECLS-B)

DIE10000/(DRINK_SODA). During the past 7 days, how many times did {C_FNAME/the child} drink soda pop (for example, Coke, Pepsi, or Mountain Dew), sports drinks (for example, Gatorade), or fruit drinks that are not 100% fruit juice (for example, Kool-Aid, Sunny Delight, Hi-C, Fruitopia, or Fruitworks)?

INTERVIEWER INSTRUCTIONS

- IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
- IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
- RE-READ INTRODUCTORY STATEMENT (During the past 7 days ...?) AS NEEDED.

Label	Code	Go To
1 TIME PER DAY	1	
2 TIMES PER DAY	2	
3 TIMES PER DAY	3	
4 OR MORE TIMES PER DAY	4	
1 TO 3 TIMES DURING THE PAST 7 DAYS	5	
4 TO 6 TIMES DURING THE PAST 7 DAYS	6	
CHILD DID NOT DRINK ANY SODA POP, SPORTS DRINKS, OR FRUIT DRINKS THAT ARE NO 100% JUICE DURING THE PAST 7 DAYS	-7	
REFUSED	-1	
DON'T KNOW	-2	

SOURCE

Early Childhood Longitudinal Program-Birth Cohort (ECLS-B)

DIE11000/(EAT_FRUIT). During the past 7 days, how many times did {C_FNAME/the child} eat fresh fruit, such as apples, bananas, oranges, berries or other fruit such as applesauce, canned peaches, canned fruit cocktail, frozen berries, or dried fruit? Do not count fruit juice.

INTERVIEWER INSTRUCTIONS

- IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
- IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
- RE-READ INTRODUCTORY STATEMENT (During the past 7 days ...?) AS NEEDED.

Label	Code	Go To
1 TIME PER DAY	1	

Label	Code	Go To
2 TIMES PER DAY	2	
3 TIMES PER DAY	3	
4 OR MORE TIMES PER DAY	4	
1 TO 3 TIMES DURING THE PAST 7 DAYS	5	
4 TO 6 TIMES DURING THE PAST 7 DAYS	6	
CHILD DID NOT EAT FRUIT DURING THE PAST 7 DAYS	-7	
REFUSED	-1	
DON'T KNOW	-2	

SOURCE

Early Childhood Longitudinal Program-Birth Cohort (ECLS-B)

DIE12000/(EAT_VEGGIES). During the past 7 days, how many times did {C_FNAME/the child} eat vegetables other than French fries and other fried potatoes? Include vegetables like those served as a stir fry, soup, or stew, in your response.

INTERVIEWER INSTRUCTIONS

- IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
- IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
- RE-READ INTRODUCTORY STATEMENT (During the past 7 days ...?) AS NEEDED.

Label	Code	Go To
1 TIME PER DAY	1	
2 TIMES PER DAY	2	
3 TIMES PER DAY	3	
4 OR MORE TIMES PER DAY	4	
1 TO 3 TIMES DURING THE PAST 7 DAYS	5	
4 TO 6 TIMES DURING THE PAST 7 DAYS	6	
CHILD DID NOT EAT OTHER VEGETABLES DURING THE PAST 7 DAYS	-7	
REFUSED	-1	
DON'T KNOW	-2	

SOURCE

Early Childhood Longitudinal Program-Birth Cohort (ECLS-B)

DIE13000/(EAT_FAST_FOOD). During the past 7 days, how many times did {C_FNAME/the child} eat a meal or snack from a fast food restaurant such as McDonald's, Pizza Hut, Burger

King, Kentucky Fried Chicken, Taco Bell, Wendy's and so on? Include eating out, carry out, and delivery of meals.

INTERVIEWER INSTRUCTIONS	
<ul style="list-style-type: none"> • IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD. • IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS. • RE-READ INTRODUCTORY STATEMENT (During the past 7 days ...?) AS NEEDED. 	

Label	Code	Go To
1 TIME PER DAY	1	
2 TIMES PER DAY	2	
3 TIMES PER DAY	3	
4 OR MORE TIMES PER DAY	4	
1 TO 3 TIMES DURING THE PAST 7 DAYS	5	
4 TO 6 TIMES DURING THE PAST 7 DAYS	6	
CHILD DID NOT EAT FOOD FROM A FAST FOOD RESTAURANT DURING THE PAST 7 DAYS	-7	
REFUSED	-1	
DON'T KNOW	-2	

SOURCE
Early Childhood Longitudinal Program-Birth Cohort (ECLS-B)

DIE14000/(EAT_CANDY). During the past 7 days, how many times did {C_FNAME/the child} eat candy (including Fruit Roll-Ups and similar items), ice cream, cookies, cakes, brownies, or other sweets?

INTERVIEWER INSTRUCTIONS	
<ul style="list-style-type: none"> • IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD. • IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS. • RE-READ INTRODUCTORY STATEMENT (During the past 7 days ...?) AS NEEDED. 	

Label	Code	Go To
1 TIME PER DAY	1	
2 TIMES PER DAY	2	
3 TIMES PER DAY	3	
4 OR MORE TIMES PER DAY	4	
1 TO 3 TIMES DURING THE PAST 7 DAYS	5	
4 TO 6 TIMES DURING THE PAST 7 DAYS	6	

Label	Code	Go To
CHILD DID NOT EAT ANY CANDY OR OTHER SWEETS DURING THE PAST 7 DAYS	-7	
REFUSED	-1	
DON'T KNOW	-2	

SOURCE

Early Childhood Longitudinal Program-Birth Cohort (ECLS-B)

DIE15000/(EAT_CHIPS). During the past 7 days, how many times did {C_FNAME/the child} eat potato chips, corn chips such as Fritos or Doritos, Cheetos, pretzels, popcorn, crackers or other salty snack foods?

INTERVIEWER INSTRUCTIONS

- IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
- IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
- RE-READ INTRODUCTORY STATEMENT (During the past 7 days ...?) AS NEEDED.

Label	Code	Go To
1 TIME PER DAY	1	
2 TIMES PER DAY	2	
3 TIMES PER DAY	3	
4 OR MORE TIMES PER DAY	4	
1 TO 3 TIMES DURING THE PAST 7 DAYS	5	
4 TO 6 TIMES DURING THE PAST 7 DAYS	6	
CHILD DID NOT EAT ANY SALTY SNACKS DURING THE PAST 7 DAYS	-7	
REFUSED	-1	
DON'T KNOW	-2	

SOURCE

Early Childhood Longitudinal Program-Birth Cohort (ECLS-B)

(TIME_STAMP_DIE_ET).

PROGRAMMER INSTRUCTIONS

- INSERT DATE/TIME STAMP

OVER/UNDERWEIGHT

(TIME_STAMP_OUW_ST).

PROGRAMMER INSTRUCTIONS

- INSERT DATE/TIME STAMP

OUW01000. I would like to ask a few health related questions about {C_FNAME/the child}.

SOURCE

National Children's Study, Vanguard Phase

OUW02000/(OVERWEIGHT_RESP). Do you consider {C_FNAME/the child} now to be...

Label	Code	Go To
Overweight	1	
Underweight	2	
About the right weight	3	
REFUSED	-1	
DON'T KNOW	-2	

SOURCE

National Health and Nutrition Examination Survey (NHANES) Early Childhood Module

OUW03000/(OVERWEIGHT_DOCTOR). In the past six months, has a doctor or health professional ever told you that {C_FNAME/the child} was overweight?

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

SOURCE

National Health and Nutrition Examination Survey (NHANES) Early Childhood Module (modified)

OUW04000/(UNDERWEIGHT_DOCTOR). In the past six months, has a doctor or health professional ever told you that {C_FNAME/the child} was underweight?

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

SOURCE

National Health and Nutrition Examination Survey (NHANES) Early Childhood Module (modified)

OUW05000/(CONTROL_WEIGHT). Are you now doing anything to help {C_FNAME/the child} control {his/her} weight?

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

SOURCE

National Health and Nutrition Examination Survey (NHANES) Early Childhood Module

(TIME_STAMP_OUW_ET).

PROGRAMMER INSTRUCTIONS

- INSERT DATE/TIME STAMP