

Home Social Direct Observation Instrument

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| --- | --- |
| Event Category: | Time-Based |
| Event: | 36M |
| Administration: | N/A |
| Instrument Target: | Child |
| Instrument Respondent: | Data Collector |
| Domain: | Neuro-Psychosocial |
| Document Category: | Observation |
| Method: | Data Collector Administered |
| Mode (for this instrument\*): | In-Person, CAI |
| OMB Approved Modes: | In-Person, CAI;Web, CAI |
| Estimated Administration Time: | 0 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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Home Social Direct Observation Instrument

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Home Social Direct Observation Instrument

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:

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| --- | --- | --- | --- |
| **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.**

DIRECT OBSERVATION FROM HOME

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

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| PROGRAMMER INSTRUCTIONS |
| INSERT DATE/TIME STAMP. |

**DO01000/(CONVERSE\_TWICE).** CAREGIVER CONVERSED WITH CHILD AT LEAST TWICE .

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| DATA COLLECTOR INSTRUCTIONS |
| * THE OBJECT OF THIS ITEM IS TO RECORD WHETHER THE CAREGIVER SPEAKS POSITIVELY WITH THE CHILD AT LEAST TWICE.
* POSITIVE SPEECH INCLUDES OBSERVATIONS OR COMMENTS ABOUT THE SITUATION OR THE CHILD’S ACTIVITIES; ENCOURAGEMENT; INVITATIONS OR OFFERS; INQUIRIES; OR COMPLIMENTS.  SCOLDING OR ACCUSATORY COMMENTS, OR COMMENTS MADE IN AN UNPLEASANT OR ANGRY TONE OF VOICE,  ARE NOT COUNTED AS CONVERSING POSITIVELY.
* NEGATIVE  COMMENTS MIGHT ALSO INCLUDE COMMENTS FROM THE CAREGIVER TO THE CHILD THAT THE OBSERVER IS CLEARLY NOT INTENDED TO OVERHEAR.
 |

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| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| NOT OBSERVED | 3 |  |

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| SOURCE |
| Modified from Home Observation Measurement of the Environment – Short Form |

**DO02000/(QUESTION\_VERBALLY).** CAREGIVER ANSWERED CHILD’S QUESTIONS OR REQUESTS VERBALLY.

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| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| NOT OBSERVED | 3 |  |

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| SOURCE |
| Modified from Home Observation Measurement of the Environment – Short Form |

**DO03000/(HUG\_ONCE).** CAREGIVER CARESSED, KISSED OR HUGGED CHILD AT LEAST ONCE.

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| NOT OBSERVED | 3 |  |

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| SOURCE |
| Modified from Home Observation Measurement of the Environment – Short Form |

**DO04000/(PHYSICAL\_RESTRICT).** CAREGIVER PHYSICALLY RESTRICTED OR SHOOK/GRABBED CHILD.

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| NOT OBSERVED | 3 |  |

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| SOURCE |
| Modified from Home Observation Measurement of the Environment – Short Form |

**DO05000/(SLAP\_ONCE).** CAREGIVER SLAPPED OR SPANKED CHILD AT LEAST ONCE.

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| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| NOT OBSERVED | 3 |  |

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| SOURCE |
| Modified from Home Observation Measurement of the Environment – Short Form |

**DO06000/(VOICE\_POSITIVE).** CAREGIVER’S VOICE CONVEYED POSITIVE FEELING ABOUT THIS CHILD.

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| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| NOT OBSERVED | 3 |  |

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| SOURCE |
| Modified from Home Observation Measurement of the Environment – Short Form |

**DO07000/(PLAY\_ENV\_SAFE).** CHILD’S PLAY ENVIRONMENT IS SAFE (NO POTENTIALLY DANGEROUS STRUCTURAL OR HEALTH HAZARDS WITHIN A PRESCHOOLER’S RANGE).

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| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| NOT OBSERVED | 3 |  |

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| SOURCE |
| Modified from Home Observation Measurement of the Environment – Short Form |

**DO08000/(HOME\_MONOTONOUS).** INTERIOR OF THE HOME IS DARK OR PERCEPTUALLY MONOTONOUS.

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| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 |  |
| NOT OBSERVED | 3 |  |

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| --- |
| SOURCE |
| Modified from Home Observation Measurement of the Environment – Short Form |

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

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