OMB #: 0925-0593 OMB Expiration Date: 8/31/2014 Home Social Direct Observation Instrument, Phase 2g OMB Specification



Home Social Direct Observation Instrument

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:

DATA ELEMENT FIELDS	MAXIMUM CHARACTE RS 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 DESIGNATI ON	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).

PROGRAMMER INSTRUCTIONS

INSERT DATE/TIME STAMP.

DO01000/(CONVERSE_TWICE). CAREGIVER CONVERSED WITH CHILD AT LEAST TWICE

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.

Label	Code	Go To
YES	1	
NO	2	
NOT OBSERVED	3	

SOURCE

Modified from Home Observation Measurement of the Environment – Short Form

DO02000/(QUESTION_VERBALLY). CAREGIVER ANSWERED CHILD'S QUESTIONS OR REQUESTS VERBALLY.

Label	Code	Go To
YES	1	
NO	2	
NOT OBSERVED	3	

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	

Label	Code	Go To
NOT OBSERVED	3	

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	

SOURCE

Modified from Home Observation Measurement of the Environment – Short Form

DO05000/(SLAP_ONCE). CAREGIVER SLAPPED OR SPANKED CHILD AT LEAST ONCE.

Label	Code	Go To
YES	1	
NO	2	
NOT OBSERVED	3	

SOURCE

Modified from Home Observation Measurement of the Environment – Short Form

DO06000/(VOICE_POSITIVE). CAREGIVER'S VOICE CONVEYED POSITIVE FEELING ABOUT THIS CHILD.

Label	Code	Go To
YES	1	
NO	2	
NOT OBSERVED	3	

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 <u>PRESCHOOLER</u>'S RANGE).

Label	Code	Go To
YES	1	
NO	2	
NOT OBSERVED	3	

SOURCE

Modified from Home Observation Measurement of the Environment – Short Form

DO08000/(HOME_MONOTONOUS). INTERIOR OF THE HOME IS DARK OR PERCEPTUALLY MONOTONOUS.

Label	Code	Go To
YES	1	
NO	2	
NOT OBSERVED	3	

SOURCE

Modified from Home Observation Measurement of the Environment – Short Form

(TIME_STAMP_NHS_ET).

PROGRAMMER INSTRUCTIONS	
INSERT DATE/TIME STAMP.	