



## 36M Questionnaire - Household

<b>Event Category:</b>	Time-Based
<b>Event:</b>	36M
<b>Administration:</b>	N/A
<b>Instrument Target:</b>	Child's Primary Residence
<b>Instrument Respondent:</b>	Primary Caregiver
<b>Domain:</b>	Questionnaire
<b>Document Category:</b>	Questionnaire
<b>Method:</b>	Data Collector Administered
<b>Mode (for this instrument*):</b>	In-Person, CAI; Phone, CAI
<b>OMB Approved Modes:</b>	In-Person, CAI; Phone, CAI; Web-Based, CAI
<b>Estimated Administration Time:</b>	3 minutes
<b>Multiple Child/Sibling Consideration:</b>	Per Event
<b>Special Considerations:</b>	N/A
<b>Version:</b>	1.0
<b>MDES Release:</b>	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 3 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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## TABLE OF CONTENTS

GENERAL PROGRAMMER INSTRUCTIONS:.....	1
OCCUPATIONAL/HOBBY EXPOSURES.....	3

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## 36M Questionnaire - Household

### 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"> <li>• Limit text to 255 characters</li> </ul>
FIRST NAME AND LAST NAME	30	CHARACTER	<ul style="list-style-type: none"> <li>• Limit text to 30 characters</li> </ul>
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"> <li>• DISPLAY AS MM/DD/YYYY</li> <li>• STORE AS YYYY-MM-DD</li> <li>• HARD EDITS: MM MUST EQUAL 01 TO 12 DD MUST EQUAL 01 TO 31 YYYY MUST BE BETWEEN 1900 AND CURRENT YEAR.</li> </ul>
TIME VARIABLES	TWO-DIGIT HOUR AND TWO-DIGIT MINUTE, AM/PM DESIGNATION	NUMERIC	<ul style="list-style-type: none"> <li>• HARD EDITS: HOURS MUST BE BETWEEN 00 AND 12; MINUTES MUST BE BETWEEN 00 AND 59</li> </ul>

### **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.**

## OCCUPATIONAL/HOBBY EXPOSURES

(TIME\_STAMP\_OE\_ST).

### PROGRAMMER INSTRUCTIONS

- INSERT DATE/TIME STAMP
- PRELOAD PARTICIPANT ID (**P\_ID**) FOR CHILD AND RESPONDENT ID (**R\_P\_ID**) FOR ADULT CAREGIVER.
- PRELOAD **MULT\_CHILD** FROM INSTRUMENT\_ID = XX (PARTICIPANT VERIFICATION, SCHEDULING & TRACING QUESTIONNAIRE).
- IF **MULT\_CHILD** = 1, DISPLAY "the children" AS APPROPRIATE THROUGHOUT THE INSTRUMENT.
- OTHERWISE, DISPLAY "the child" IN APPROPRIATE FIELDS THROUGHOUT INSTRUMENT.

**OE01000.** Now I would like to ask some questions about any jobs and hobbies that you have done recently.

### SOURCE

National Children's Study Legacy Phase

**OE02000/(HOBBIES\_WORK\_INSIDE\_HOME).** Does anyone have a hobby or business inside {the child/the children}'s home that uses solvents, greases, paint, or glue, or that generates dust or fumes, such as woodworking, soldering, welding or hair treatments (such as perms or dyes)?

### INTERVIEWER INSTRUCTIONS

- DO NOT INCLUDE HOBBIES OR BUSINESSES IN DETACHED GARAGES OR DONE OUTSIDE.

Label	Code	Go To
YES	1	
NO	2	OE04000
REFUSED	-1	OE04000
DON'T KNOW	-2	OE04000

### SOURCE

National Children's Study, Legacy Phase (12M) (modified)

**OE03000/(HOBBY\_BUSINESS\_NAME).** What is made or done in this hobby or business?

\_\_\_\_\_

HOBBY

### INTERVIEWER INSTRUCTIONS

- PROBE "Anything else?"
- ENTER UP TO 5 HOBBIES.
- LIST HOBBIES SEPARATED BY COMMAS.

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

#### SOURCE

National Children's Study, Legacy Phase (12M) (modified)

**OE04000.** Some people have jobs or hobbies where their skin, clothes, or shoes get dirty or stained. By "dirty" or "stained," we mean their skin or clothes have dust, grease, fibers, or other visible chemical spots on them. For the next few questions, please think about everyone in the household.

**OE05000/(ANY\_DIRTY\_CLOTHES).** Does anyone routinely come into {the child/the children}'s home from their work or hobbies with dirty or stained skin, clothes, or shoes?

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

#### SOURCE

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

**OE06000/(WHO\_DIRTY\_CLOTHES).** Who is it that comes into {the child/the children}'s home with dirty or stained skin, clothes, or shoes? Is it:

Label	Code	Go To
You	1	
Others in the home	2	
Both you and others in the home	3	
REFUSED	-1	
DON'T KNOW	-2	

#### SOURCE

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

**OE07000.** The following questions are about those who come into {the child/the children}'s home with dirty or stained skin, work clothes, or shoes.

**OE08000/(FREQ\_DIRTY\_HANDS).** How often do you or anyone in the household come into the home from work or hobbies with dirty hands or skin?

Label	Code	Go To
Never	1	
1-2 times a week	2	
3-4 times a week	3	
5-6 times a week	4	



Label	Code	Go To
Every day	5	
REFUSED	-1	
DON'T KNOW	-2	

**SOURCE**

National Children's Study, Legacy Phase (12M) (modified)

**OE09000/(FREQ\_DIRTY\_SHOES).** How often do you or anyone in the household wear dirty shoes inside the home?

Label	Code	Go To
Never	1	
1-2 times a week	2	
3-4 times a week	3	
5-6 times a week	4	
Every day	5	
REFUSED	-1	
DON'T KNOW	-2	

**SOURCE**

National Children's Study, Legacy Phase (12M) (modified)

**OE10000/(FREQ\_DIRTY\_CLOTHES).** How often do you or anyone in the household wear dirty clothes inside the home?

Label	Code	Go To
Never	1	BRING_HOME_MATERIAL
1-2 times a week	2	
3-4 times a week	3	
5-6 times a week	4	
Every day	5	
REFUSED	-1	BRING_HOME_MATERIAL
DON'T KNOW	-2	BRING_HOME_MATERIAL

**SOURCE**

National Children's Study, Legacy Phase (12M) (modified)

**OE11000/(WASH\_SEPARATE).** How often are these dirty clothes washed separately from other clothes? Would you say they are washed separately...

Label	Code	Go To
Always	1	
Often	2	
Sometimes	3	
Rarely	4	
Never	5	
REFUSED	-1	
DON'T KNOW	-2	

**SOURCE**

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

**OE12000/(BRING\_HOME\_MATERIAL).** What types of materials have you or anyone in the household brought into the home from work or hobbies on hands or skin, clothes or shoes?

**INTERVIEWER INSTRUCTIONS**

- SELECT ALL THAT APPLY.

Label	Code	Go To
Dirt	1	
Wood dust	2	
Grease	3	
Pesticides	4	
Metal dust	5	
Coal or mining dust	6	
Animal hair	7	
Fibers (such as asbestos or fiberglass)	8	
Or some other type of material	-5	
REFUSED	-1	
DON'T KNOW	-2	

**SOURCE**

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

**PROGRAMMER INSTRUCTIONS**

- IF **BRING\_HOME\_MATERIAL** = ANY COMBINATION OF VALUES 1-8, GO TO **TIME\_STAMP\_OE\_ET**.
- IF **BRING\_HOME\_MATERIAL** = -5, OR ANY COMBINATION OF VALUES 1-8 AND -5, GO TO **BRING\_HOME\_MATERIAL\_OTH**.
- IF **BRING\_HOME\_MATERIAL** = -1 OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES AND GO TO **TIME\_STAMP\_OE\_ET**.

**OE13000/(BRING\_HOME\_MATERIAL\_OTH).**

\_\_\_\_\_

SPECIFY:

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

**SOURCE**

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

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

**PROGRAMMER INSTRUCTIONS**

INSERT DATE/TIME STAMP