

Core Questionnaire - Child

|  |  |
| --- | --- |
| Event Category: | Time-Based |
| Event: | 6M, 12M, 18M, 24M, 30M, 36M, 42M, 48M, 54M, 60M |
| 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: | 21 minutes: (6M), 17 minutes: (12M, 24M, 36M, 48M, 60M), 16 minutes: (18M, 30M, 42M, 54M) |
| 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.

This page intentionally left blank.

Core Questionnaire - Child

TABLE OF CONTENTS

[GENERAL PROGRAMMER INSTRUCTIONS: 1](#_Toc371091929)

[CHILD CARE / DAY CARE ARRANGEMENTS – (EVERY 6M) 3](#_Toc371091930)

[VIEWING OF MEDIA/READING BOOKS – (EVERY 6M) 18](#_Toc371091931)

[PROGRAM PARTICIPATION (ANNUAL – 6M, 18M, 30M, 42M, 54M) 23](#_Toc371091932)

[HEALTH INSURANCE (ANNUAL – 6M, 18M, 30M, 42M, 54M) 25](#_Toc371091933)

[HEALTH CARE UTILIZATION/ACCESS - (ANNUAL – 6M, 18M, 30M, 42M, 54M) 30](#_Toc371091934)

[GENERAL HEALTH – (EVERY 6M) 39](#_Toc371091935)

[MEDICAL CONDITIONS – GENERAL - (ANNUAL – 12M, 24M, 36M, 48M, 60M) 41](#_Toc371091936)

[MEDICAL CONDITIONS – ASTHMA & ECZEMA – (EVERY 6M) 50](#_Toc371091937)

[WELL CHILD CARE/VACCINATIONS - (ANNUAL – 12M, 24M, 36M, 48M, 60M) 55](#_Toc371091938)

[EMERGENCY ROOM/URGENT CARE VISITS - (ANNUAL – 12M, 24M, 36M, 48M, 60M) 65](#_Toc371091939)

[HOSPITALIZATIONS - (ANNUAL – 12M, 24M, 36M, 48M, 60M) 72](#_Toc371091940)

[MEDICATIONS – (EVERY 6M) 78](#_Toc371091941)

[SLEEP ROUTINE– (EVERY 6M) 89](#_Toc371091942)

[CONCERN ABOUT CHILD’S DEVELOPMENT – (EVERY 6M) 93](#_Toc371091943)

This page intentionally left blank.

Core 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 | * 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 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.**

CHILD CARE / DAY CARE ARRANGEMENTS – (EVERY 6M)

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP * PRELOAD PARTICIPANT ID (**P\_ID)** FOR CHILD AND RESPONDENT ID (**R\_P\_ID)** FOR ADULT CAREGIVER. * PRELOAD **C\_FNAME** FROM PARTICIPANT VERIFICATION, SCHEDULING AND TRACING QUESTIONNAIRE AND DISPLAY NAME IN "C\_FNAME" THROUGHOUT THE INSTRUMENT. * IF **C\_FNAME** = -1 OR -2, DISPLAY "the child" IN APPROPRIATE FIELDS THROUGHOUT THE INSTRUMENT. * PRELOAD **CHILD\_SEX** FROM PARTICIPANT VERIFICATION, SCHEDULING, AND TRACING QUESTIONNAIRE AND IF = 1, DISPLAY "he", him", "his" AND "himself" IN APPROPRIATE FIELDS THROUGHOUT INSTRUMENT. * IF **CHILD\_SEX** = 2, DISPLAY "she", "her," AND "herself" IN APPROPRIATE FIELDS THROUGHOUT INSTRUMENT. * PRELOAD **SEC\_RES**​ FROM PARTICIPANT VERIFICATION, SCHEDULING, AND TRACING QUESTIONNAIRE. * IF **CHILDCARE**COLLECTED IN PREVIOUS INTERVIEW, GO TO **CHILDCARE\_CHANGE.** * OTHERWISE, GO TO **​CC01000.** |

**CC01000.** I’d like to ask you about different types of child care {C\_FNAME/the child} may receive from someone other than parents or guardians.  This includes regularly scheduled care arrangements with relatives and non-relatives; day care or early childhood programs, whether or not there is a charge or fee; and Head Start programs, but not occasional baby-sitting.

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard Phase (Core) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * GO TO **​CHILDCARE.** |

**CC02000/(CHILDCARE\_CHANGE).** You told me about child care on {DATE OF LAST INTERVIEW}.  Has there been a change in arrangements since that time?

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

|  |
| --- |
| SOURCE |
| ​National Children’s Study, Vanguard Phase (Core) (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * PRELOAD AND DISPLAY DATE OF LAST INTERVIEW |

**CC03000/(CHILDCARE).** Does {C\_FNAME/the child} currently receive any regularly scheduled care from someone other than a parent or guardian, for example from relatives, non-relatives, or a child care program?

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

|  |
| --- |
| SOURCE |
| National Children's Study, Legacy Phase (3M, 6M, 9M, 12M) |

**CC04000.** I want to ask you about the specific type of care {C\_FNAME/the child} receives. Does {C\_FNAME/the child} receive:

|  |
| --- |
| SOURCE |
| New |

**CC05000/(RELATIVE\_CARE).** Relative care?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF NECESSARY READ “This includes all regularly scheduled care arrangements with relatives that happen at least weekly, but does not include occasional baby-sitting.” |

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

|  |
| --- |
| SOURCE |
| New |

**CC06000/(FAM\_BASED\_CARE).** Family-based or neighborhood care out of your home or someone else’s home?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF NECESSARY READ “This includes all regularly scheduled care arrangements with non-relatives that happen at least weekly, including home child care providers, regularly scheduled sitter arrangements, or neighbors.  This does not include day care centers, early childhood programs, or occasional babysitting.” |

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

|  |
| --- |
| SOURCE |
| New |

**CC07000/(CENTER\_BASE\_CARE).** Center-based child care?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF NECESSARY READ “This includes day care centers, nursery schools, and preschools.” |

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

|  |
| --- |
| SOURCE |
| New |

**CC08000/(HEAD\_START).** Head Start?

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

|  |
| --- |
| SOURCE |
| New |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **RELATIVE\_CARE**= 1, GO TO **CC09000.** * IF **RELATIVE\_CARE**= 2, -1, OR -2, GO TO PROGRAMMER INSTRUCTIONS FOLLOWING **CC15000.** |

**CC09000.** The next few questions are about the care {C\_FNAME/the child} receives from relatives.

**CC10000/(RELATIVE\_CARE\_HRS).** Approximately how many total hours each week does {C\_FNAME/the child} receive care from relatives?

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

NUMBER OF HOURS PER WEEK

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort; National Household Education Surveys (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY HARD EDIT IF **RELATIVE\_CARE\_HRS**≤ 0 OR ≥ 120. * DISPLAY SOFT EDIT IF **RELATIVE\_CARE\_HRS**> 80 BUT < 120 |

**CC11000/(RELATIVE\_CARE\_NUM\_ADULTS).** How many adults are usually in {C\_FNAME/the child}'s room or group?

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

NUMBER OF ADULTS

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort; National Household Education Surveys (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY HARD EDIT IF **RELATIVE\_CARE\_NUM\_ADULTS**< 0 OR ≥ 25. * DISPLAY SOFT EDIT IF **RELATIVE\_CARE\_NUM\_ADULTS**> 8 BUT < 25. |

**CC12000/(RELATIVE\_CARE\_NUM\_CHILDREN).** How many children are usually in {C\_FNAME/the child}'s room or group?

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

NUMBER OF CHILDREN

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort; National Household Education Surveys (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY HARD EDIT IF **RELATIVE\_CARE\_NUM\_CHILDREN** < 0 OR ≥ 75. * DISPLAY SOFT EDIT IF **RELATIVE\_CARE\_NUM\_CHILDREN**> 30 BUT < 75. |

**CC13000/(RELATIVE\_CARE\_LOCATION).** In what location does {C\_FNAME/the child} go for this care?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| {His/her} own home | 1 |  |
| Relative’s home | 2 |  |
| OTHER | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort; National Household Education Surveys (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **RELATIVE\_CARE\_LOCATION**= 1, -1, OR -2, GO TO PROGRAMMER INSTRUCTIONS FOLLOWING **CC15000.** * IF **RELATIVE\_CARE\_LOCATION**= 2, GO TO **CC15000.** * IF **RELATIVE\_CARE\_LOCATION**= -5, GO TO **RELATIVE\_CARE\_LOCATION\_OTH.** |

**CC14000/(RELATIVE\_CARE\_LOCATION\_OTH).** SPECIFY  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| ​Early Childhood Longitudinal Program, Birth Cohort; National Household Education Surveys (modified) |

**CC15000.** What is the name and address of the place where {C\_FNAME/the child} receives relative care?

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

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard Phase (Core) (modified) |

**(R\_NAME\_1)**

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

NAME

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

**(R\_ADDRESS\_1)**

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

ADDRESS 1 - STREET/PO BOX

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

**(R\_ADDRESS\_2)**

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

ADDRESS 2

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

**(R\_UNIT)**

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

UNIT

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

**(R\_CITY)**

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

CITY

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

**(R\_STATE)**

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

STATE

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

**(R\_ZIP)**

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

ZIP CODE

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

**(R\_ZIP4)**

- |\_\_\_|\_\_\_|\_\_\_|\_\_\_|

  ZIP+4

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **FAM\_BASED\_CARE**= 1, GO TO **CC16000.** * OTHERWISE, IF **FAM\_BASED\_CARE**= 2, -1, OR -2, GO TO PROGRAMMER INSTRUCTIONS FOLLOWING **​CC22000.** |

**CC16000.** The next few questions are about the child care arrangements {C\_FNAME/the child} receives from a family-based or neighborhood care.

**CC17000/(NEIGHBORHOOD\_CARE\_HRS).** Approximately how many total hours each week does {C\_FNAME/the child} receive care from this family-based or neighborhood care?

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

NUMBER OF HOURS PER WEEK

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort; National Household Education Surveys (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY HARD EDIT IF **NEIGHBORHOOD\_CARE\_HRS**≤ 0 OR ≥ 120. * DISPLAY SOFT EDIT IF **NEIGHBORHOOD\_CARE\_HRS**> 80 BUT < 120. |

**CC18000/(NEIGHBORHOOD\_CARE\_NUM\_ADULTS).** How many adults are usually in {C\_FNAME/the child}'s room or group?

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

NUMBER OF ADULTS

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort; National Household Education Surveys (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY HARD EDIT IF **NEIGHBORHOOD\_CARE\_NUM\_ADULTS**< 0 OR ≥ 25. * DISPLAY SOFT EDIT IF **NEIGHBORHOOD\_CARE\_NUM\_ADULTS**​> 8 BUT < 25. |

**CC19000/(NEIGHBORHOOD\_CARE\_NUM\_CHILDREN).** How many children are usually in {C\_FNAME/the child}'s room or group?

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

NUMBER OF CHILDREN

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort; National Household Education Surveys (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY HARD EDIT IF **NEIGHBORHOOD\_CARE\_NUM\_CHILDREN**< 0 OR ≥ 75. * DISPLAY SOFT EDIT IF **NEIGHBORHOOD\_CARE\_NUM\_CHILDREN**​> 30 BUT < 75. |

**CC22000.** What is the name and address of the place where {C\_FNAME/the child} receives family-based or neighborhood care?

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

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard Phase (Core) (modified) |

**(N\_NAME\_1)**

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

NAME

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

**(N\_ADDRESS\_1)**

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

ADDRESS 1 - STREET/PO BOX

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

**(N\_ADDRESS\_2)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ADDRESS 2

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

**(N\_UNIT)**

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

UNIT

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

**(N\_CITY)**

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

CITY

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

**(N\_STATE)**

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

STATE

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

**(N\_ZIP)**

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

ZIP CODE

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

**(N\_ZIP4)**

- |\_\_\_|\_\_\_|\_\_\_|\_\_\_|

ZIP CODE

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **CENTER\_BASE\_CARE**= 1, GO TO **CC23000.** * OTHERWISE, IF **CENTER\_BASE\_CARE**= 2, -1, OR -2, GO TO PROGRAMMER INSTRUCTIONS FOLLOWING **​CC28000.** |

**CC23000.** The next few questions are about the care {C\_FNAME/the child} receives from a center-based care setting.

**CC24000/(CENTERBASED\_CARE\_HRS).** Approximately how many total hours each week does {C\_FNAME/the child} receive care from a center-based care setting {not including Head Start}?

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

NUMBER OF HOURS PER WEEK

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort; National Household Education Surveys (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY HARD EDIT IF **CENTERBASED\_CARE\_HRS**≤ 0 OR ≥ 120 * DISPLAY SOFT EDIT IF **CENTERBASED\_CARE\_HRS**> 80 BUT < 120 * DISPLAY "not including Head Start" IF **HEAD\_START**​ = 1. |

**CC25000/(CENTERBASED\_CARE\_NUM\_ADULTS).** How many adults are usually in {C\_FNAME/the child}'s room or group?

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

NUMBER OF ADULTS

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort; National Household Education Surveys (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY HARD EDIT IF **CENTERBASED\_CARE\_NUM\_ADULTS**< 0 OR ≥ 25. * DISPLAY SOFT EDIT IF **CENTERBASED\_CARE\_NUM\_ADULTS**​> 8 BUT < 25. |

**CC26000/(CENTERBASED\_CARE\_NUM\_CHILDREN).** How many children are usually in {C\_FNAME/the child}'s room or group?

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

NUMBER OF CHILDREN

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort, National Household Education Surveys (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY HARD EDIT IF **CENTERBASED\_CARE\_NUM\_CHILDREN** < 0 OR ≥ 75. * DISPLAY SOFT EDIT IF **CENTERBASED\_CARE\_NUM\_CHILDREN**​> 30 BUT < 75 |

**CC28000.** What is the name and address of the place where {C\_FNAME/the child} receives center-based care?

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

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard Phase (Core) (modified) |

**(CB\_NAME\_1)**

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

NAME

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

**(CB\_ADDRESS\_1)**

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

ADDRESS 1 - STREET/PO BOX

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

**(CB\_ADDRESS\_2)**

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

ADDRESS 2

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

**(CB\_UNIT)**

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

UNIT

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

**(CB\_CITY)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY

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

**(CB\_STATE)**

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

STATE

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

**(CB\_ZIP)**

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

ZIP CODE

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

**(CB\_ZIP4)**

- |\_\_\_|\_\_\_|\_\_\_|\_\_\_|

   ZIP+4

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **HEAD\_START**= 1, GO TO **CC29000.** * OTHERWISE, IF **HEAD\_START**= 2, -1 OR -2, GO TO **​TIME\_STAMP\_CC\_ET.** |

**CC29000.** The next few questions are about the care {C\_FNAME/the child} receives from Head Start.

**CC30000/(HEAD\_START\_CARE\_HRS).** Approximately how many total hours each week does {C\_FNAME/the child} receive care from Head Start?

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

NUMBER OF HOURS PER WEEK

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort; National Household Education Surveys (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY HARD EDIT IF **HEAD\_START\_CARE\_HRS**≤ 0 OR ≥ 70 |

**CC31000/(HEAD\_START\_CARE\_NUM\_ADULTS).** How many adults are usually in {C\_FNAME/the child}'s room or group?

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

NUMBER OF ADULTS

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort; National Household Education Surveys (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY HARD EDIT IF **HEAD\_START\_CARE\_NUM\_ADULTS**< 0 OR ≥ 25. * DISPLAY SOFT EDIT IF **HEAD\_START\_CARE\_NUM\_ADULTS**> 8 BUT < 25. |

**CC32000/(HEAD\_START\_CARE\_NUM\_CHILDREN).** How many children are usually in {C\_FNAME/the child}'s room or group?

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

NUMBER OF CHILDREN

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort; National Household Education Surveys (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY HARD EDIT IF **HEAD\_START\_CARE\_NUM\_CHILDREN**< 0 OR ≥ 75. * DISPLAY SOFT EDIT IF **HEAD\_START\_CARE\_NUM\_CHILDREN**> 30 BUT < 75. |

**CC35000.** What is the name and address of the place where {C\_FNAME/the child} receives care from Head Start?

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard Phase (Core) (modified) |

**(HS\_NAME\_1)**

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

NAME

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

**(HS\_ADDRESS\_1)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS 1 - STREET/PO BOX

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

**(HS\_ADDRESS\_2)**

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

ADDRESS 2

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

**(HS\_UNIT)**

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

UNIT

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

**(HS\_CITY)**

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

CITY

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

**(HS\_STATE)** |\_\_\_|\_\_\_|

STATE

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

**(HS\_ZIP)**

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

ZIP CODE

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

**(HS\_ZIP4)**

-|\_\_\_|\_\_\_|\_\_\_|\_\_\_|

ZIP+4

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

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

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

VIEWING OF MEDIA/READING BOOKS – (EVERY 6M, BEGINNING AT 12 M)

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

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

**VOM01000.** Now I would like to ask you a few questions about the amount of time {C\_FNAME/the child} spends watching TV or videos and reading books.

|  |
| --- |
| SOURCE |
| ​National Children’s Study, Vanguard Phase (Core) |

**VOM02000.** On a typical day, how much time does {C\_FNAME/the child} spend watching television or videos?  By watching, we mean that the child was in a place where {he/she} could see a television or other media that was on.

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * ENTER HOURS AND MINUTES FOR A TYPICAL DAY. |

|  |
| --- |
| SOURCE |
| Project VIVA! |

**(TIME\_TV\_HRS)**

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

HOURS

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * ENTER 0 AS NEEDED. |

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY HARD EDIT IF **TIME\_TV\_HRS**> 24. |

**(TIME\_TV\_MIN)**

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

MINUTES

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * ENTER 0 AS NEEDED. |

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY HARD EDIT IF **TIME\_TV\_MIN**​> 60. |

**VOM03000.** On a typical day, how much time does {C\_FNAME/the child} spend playing games displayed on media such as television, desktop computers, laptops, portable DVD players, tablet computers, or smartphones?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * ENTER HOURS AND MINUTES FOR A TYPICAL DAY. |

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard Phase (Core) |

**(TIME\_MEDIA\_HRS)**

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

HOURS

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * ENTER 0 AS NEEDED. |

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY HARD EDIT IF **TIME\_MEDIA\_HRS**+ **TIME\_TV\_HRS**​> 24. |

**(TIME\_MEDIA\_MIN)**

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

MINUTES

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * ENTER 0 AS NEEDED. |

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY HARD EDIT IF **TIME\_MEDIA\_MIN** > 60. |

**VOM04000/(FREQ\_BOOKS).** On average, how many days per week do you or someone else read or look at books with {C\_FNAME/the child}?

|\_\_\_|

DAYS

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

|  |
| --- |
| SOURCE |
| Parents, Children and Media: A Kaiser Family Foundation Survey, June 2007 (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY HARD EDIT IF **FREQ\_BOOKS**​< 0 OR > 7. |

**VOM05000/(TV\_ROOM).** Is there a TV in {C\_FNAME/the child}’s bedroom, even if it doesn’t get any channels?

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

|  |
| --- |
| SOURCE |
| Parents, Children and Media: A Kaiser Family Foundation Survey, June 2007 (modified) |

**VOM06000/(MEDIA\_ROOM).** Are there any desktop computers, laptops, portable DVD players, tablet computers, in {C\_FNAME/the child}’s bedroom?

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

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard Phase (Core) |

**VOM07000/(INTERNET\_ACCESS).** Does {C\_FNAME/the child}’s {primary} residence have internet access?

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

|  |
| --- |
| SOURCE |
| Kaiser Family Foundation Survey on Parents, Children and Media, June 2007 (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **SEC\_RES**​= 1, DISPLAY "primary." |

**VOM08000.** ​Now I would like to ask you a few questions about the amount of time {C\_FNAME/the child} spends in activities such as music, dance, drama, drawing, and, painting with you or someone else.

|  |
| --- |
| SOURCE |
| Survey of Public Participation in the Arts (SPPA), 2012 (modified) |

**VOM09000/(DANCE\_DAYS).** On average, how many days per week do you or someone else spend some time **dancing** with {C\_FNAME/the child}?

|\_\_\_|

DAYS PER WEEK

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

|  |
| --- |
| SOURCE |
| Survey of Public Participation in the Arts (SPPA), 2012 (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY HARD EDIT IF **DANCE\_DAYS**​> 7. |

**VOM10000/(THEATER\_DAYS).** On average, how many days per week do you or someone else spend some time in **theater, play-acting**, or **make believe** with {C\_FNAME/the child}?

|\_\_\_|

DAYS PER WEEK

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

|  |
| --- |
| SOURCE |
| Survey of Public Participation in the Arts (SPPA), 2012 (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY HARD EDIT IF **THEATER\_DAYS**​> 7. |

**VOM11000/(MUSIC\_DAYS).** On average, how many days per week do you or someone else spend some time **playing musical instruments, singing**, or **listening to music** with {C\_FNAME/the child}?

|\_\_\_|

DAYS PER WEEK

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

|  |
| --- |
| SOURCE |
| Survey of Public Participation in the Arts (SPPA), 2012 (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY HARD EDIT IF **MUSIC\_DAYS**​> 7. |

**VOMXXXXX/(DRAWPAINT\_DAYS).** On average, how many days per week do you or someone else spend some time **drawing or painting** with {C\_FNAME/the child}?

|\_\_\_|

DAYS PER WEEK

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

|  |
| --- |
| SOURCE |
| New |

**VOM12000/(ART\_EVENT\_DAYS).** On average, how many days per week do you or someone else take {C\_FNAME/the child} to arts-related events outside of the home? This includes groups, classes or lessons that focus on arts, music, dance, and/or theater. This also includes attending live performances and going to arts galleries or museums.

|\_\_\_|

DAYS PER WEEK

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

|  |
| --- |
| SOURCE |
| Survey of Public Participation in the Arts (SPPA), 2012 (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY HARD EDIT IF **ART\_EVENT\_DAYS**​> 7. |

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP * IF **EVENT\_TYPE**= 24, 30, 36, 38, OR XX (54-MONTH EVENT), GO TO **TIME\_STAMP\_PP\_ST.** * OTHERWISE, GO TO **TIME\_STAMP\_GH\_ST.** |

PROGRAM PARTICIPATION (ANNUAL – 6M, 18M, 30M, 42M, 54M)

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

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

**PP01000.** The following questions ask about {C\_FNAME/the child}’s participation in programs that provide different types of assistance to families.

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard Phase (Core) (modified) |

**PP02000/(PP\_TANF).** At any time during the past 12 months, even for one month, did anyone in the household receive any cash assistance from a state or county welfare program, such as [STATE TANF NAME]?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * REFERENCE STATE TANF NAME. |

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

|  |
| --- |
| SOURCE |
| State and Local Area Integrated Telephone Survey (SLAITS) 2011 National Survey of Child Health |

**PP03000/(PP\_FOOD\_STAMPS).** During the past 12 months, did {C\_FNAME/the child} receive Food Stamps or Supplemental Nutrition Assistance Program Benefits?

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

|  |
| --- |
| SOURCE |
| State and Local Area Integrated Telephone Survey (SLAITS) 2011 National Survey of Child Health |

**PP04000/(PP\_WIC).** Does {C\_FNAME/the child} currently receive benefits from the Women, Infants, and Children (WIC) program?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * READ IF NECESSARY: WIC is a federally-funded health and nutrition program for women, infants, and children.  WIC benefits include food, checks or vouchers for food, health care referrals, and nutrition education. |

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

|  |
| --- |
| SOURCE |
| State and Local Area Integrated Telephone Survey (SLAITS) 2011 National Survey of Child Health (modified) |

**PP05000/(PP\_OTHER\_BENEFITS).** Does {C\_FNAME/the child} currently receive any other government benefits or assistance?

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

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard Phase (Core) |

**PP06000/(PP\_OTHER\_BENEFITS\_OTH).** SPECIFY  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard Phase (Core) |

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

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

HEALTH INSURANCE (ANNUAL – 6M, 18M, 30M, 42M, 54M)

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

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

**HI01000.** Now I’m going to switch to another subject and ask about health insurance.

|  |
| --- |
| SOURCE |
| American Community Survey 2006  Current: NCS Alternative Recruitment Substudy (6M, 12M, 24M) |

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF **INSURE** COLLECTED PREVIOUSLY AND ≠ -1 OR -2, GO TO **INSURE\_CONFIRM**. * OTHERWISE, IF **INSURE** NOT COLLECTED  PREVIOUSLY OR = -1 OR -2, GO TO **INSURE**. |

**HI02000/(INSURE\_CONFIRM).** I'd like to confirm {C\_FNAME/the child}’s health care coverage.  I have it recorded as {CHILD’S HEALTH INSURANCE}/{C\_FNAME/the child} does not have health insurance}.  Is this correct?

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

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard Phase (Core) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **INSURE** FROM MOST RECENT INTERVIEW = 1, PRELOAD CHILD’S HEALTH INSURANCE COLLECTED DURING MOST RECENT INTERVIEW AS FOLLOWS:   + IF **INS\_EMPLOY** = 1, DISPLAY, “Insurance through an employer or union”.   + IF **INS\_SELF** = 1 DISPLAY, “Insurance purchased directly from an insurance company.”   + IF **INS\_MEDICAID** = 1, DISPLAY “Medicaid or any government-assistance plan”.   + IF **INS\_TRICARE** = 1, DISPLAY “TRICARE, VA, or other military health care”.   + IF **INS\_IHS** = 1, DISPLAY “Indian Health Service”.   + IF **INS\_MEDICARE** =1, DISPLAY “Medicare”.   + IF **INS\_OTHER** = 1, DISPLAY “Another type of health plan”   + SEPARATE EACH INSURANCE TYPE WITH A SEMI-COLON. * IF **INSURE** FROM MOST RECENT INTERVIEW = 2, DISPLAY, “{C\_FNAME/the child} does not have health insurance.” |

**HI03000/(INSURE).** Is {C\_FNAME/the child} currently covered by any kind of health insurance or some other kind of health care plan?

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

|  |
| --- |
| SOURCE |
| American Community Survey 2008 |

**HI04000.** Now I’ll read a list of different types of insurance. Please tell me which types {C\_FNAME/the child} currently has.  Does {C\_FNAME/the child}  currently have…

|  |
| --- |
| SOURCE |
| American Community Survey 2008 |

**HI05000/(INS\_EMPLOY).** Insurance through an employer or union, either through yourself or another family member?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (Does {C\_FNAME/the child}  currently have…) AS NEEDED. |

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

|  |
| --- |
| SOURCE |
| American Community Survey 2008 (modified) |

**HI06000/(INS\_SELF).** Insurance purchased directly from an insurance company, either through yourself or another family member?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (Does {C\_FNAME/the child}  currently have…) AS NEEDED. |

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

|  |
| --- |
| SOURCE |
| American Community Survey 2008 (modified) |

**HI07000/(INS\_MEDICAID).** Medicaid or the State Children’s Health Insurance Program, S-CHIP?   In this state, the program is sometimes called {MEDICAID NAME, SCHIP NAME}?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (Does {C\_FNAME/the child}  currently have…) AS NEEDED. |

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

|  |
| --- |
| SOURCE |
| State and Local Area Integrated Telephone Survey 2007 National Survey of Children's Health |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * PRELOAD EXAMPLES OF LOCAL MEDICAID/S-CHIP PROGRAMS AND DISPLAY IN QUESTION TEXT. |

**HI08000/(INS\_TRICARE).** TRICARE, VA, or other military health care?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (Does {C\_FNAME/the child}  currently have…) AS NEEDED. |

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

|  |
| --- |
| SOURCE |
| American Community Survey 2008 (modified) |

**HI09000/(INS\_IHS).** Indian Health Service?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (Does {C\_FNAME/the child}  currently have…) AS NEEDED. |

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

|  |
| --- |
| SOURCE |
| American Community Survey 2008 |

**HI10000/(INS\_MEDICARE).** Medicare, for people with certain disabilities?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (Does {C\_FNAME/the child}  currently have…) AS NEEDED. |

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

|  |
| --- |
| SOURCE |
| American Community Survey 2008 (modified) |

**HI11000/(INS\_OTHER).** Any other type of health insurance or health coverage plan?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (Does {C\_FNAME/the child}  currently have…) AS NEEDED. |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 | INS\_NONE |
| REFUSED | -1 | INS\_NONE |
| DON'T KNOW | -2 | INS\_NONE |

|  |
| --- |
| SOURCE |
| American Community Survey 2008 |

**HI12000/(INS\_OTHER\_OTH).** SPECIFY  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| American Community Survey 2008 |

**HI13000/(INS\_NONE).** During the past 12 months, was there any time when {C\_FNAME/the child} was not covered by any health insurance?

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

|  |
| --- |
| SOURCE |
| State and Local Area Integrated Telephone Survey (SLAITS) National Survey of Children’s Health 2007 |

**HI14000/(INS\_MEET\_NEEDS).** How much does {C\_FNAME/the child}’s health insurance offer benefits or cover services that meet {his/her} needs?  Would you say …

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Never | 1 |  |
| Sometimes | 2 |  |
| Usually | 3 |  |
| Always | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| State and Local Area Integrated Telephone Survey (SLAITS) National Survey of Children’s Health 2007 (modified) |

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

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

HEALTH CARE UTILIZATION/ACCESS - (ANNUAL – 6M, 18M, 30M, 42M, 54M)

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

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

**HCU01000.** Now I would like to ask a few questions about {C\_FNAME/the child} and the health care services that {he/she} uses.

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard Phase (Core) |

**HCU02000/(USUAL\_CARE\_PLACE).** Is there a place {C\_FNAME/the child} **usually** goes when {he/she} needs routine or preventive care, such as a physical examination or a (well baby/child) check up?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 | HCARE\_SICK |
| REFUSED | -1 | HCARE\_SICK |
| DON'T KNOW | -2 | HCARE\_SICK |

|  |
| --- |
| SOURCE |
| National Health Interview Survey (NHIS) 2011 (modified) |

**HCU03000/(HCARE).** What kind of place does {C\_FNAME/the child} **usually** go to when {he/she} needs routine or preventive care, such as a physical examination or (well baby/child) check-up?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Clinic or health center | 1 | HCARE\_SICK |
| Doctor’s office or health maintenance organization (HMO) | 2 | HCARE\_SICK |
| Hospital emergency room | 3 | HCARE\_SICK |
| Hospital outpatient department | 4 | HCARE\_SICK |
| Some other place | -5 |  |
| DOESN'T GO TO ONE PLACE MOST OFTEN | 5 | HCARE\_SICK |
| DOESN'T GET WELL-CHILD CARE ANYWHERE | 6 | HCARE\_SICK |
| REFUSED | -1 | HCARE\_SICK |
| DON'T KNOW | -2 | HCARE\_SICK |

|  |
| --- |
| SOURCE |
| National Health Interview Survey (NHIS) 2011 |

**HCU04000/(HCARE\_OTH).** SPECIFY  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| National Health Interview Survey (NHIS) 2011 |

**HCU05000/(HCARE\_SICK).** What kind of place does {C\_FNAME/the child} usually go to when {he/she} is sick, doesn’t feel well, or if you have concerns about {his/her} health?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Clinic or health center | 1 | PERS\_DOC |
| Doctor's office or Health Maintenance Organization (HMO) | 2 | PERS\_DOC |
| Hospital emergency room | 3 | PERS\_DOC |
| Hospital outpatient department | 4 | PERS\_DOC |
| Some other place | -5 |  |
| DOESN'T GO TO ONE PLACE MOST OFTEN | 5 | PERS\_DOC |
| HAS NOT BEEN SICK | 6 | PERS\_DOC |
| REFUSED | -1 | PERS\_DOC |
| DON'T KNOW | -2 | PERS\_DOC |

|  |
| --- |
| SOURCE |
| National Health Interview Survey (NHIS) |

**HCU06000/(HCARE\_SICK\_ OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| National Health Interview Survey (NHIS) |

**HCU07000/(PERS\_DOC).** A personal doctor or nurse is a health professional who knows the child well and is familiar with the child’s health history.  This can be a general doctor, pediatrician, a special doctor, a nurse practitioner, or a physician assistant.  Do  you have one or more persons you think of as {C\_FNAME/the child}’s personal doctor or nurse?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF ADULT CAREGIVER RESPONDS "YES," PROBE TO DETERMINE WHETHER ONE OR MORE. |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES, ONE PERSON | 1 |  |
| YES, MORE THAN ONE PERSON | 2 |  |
| NO | 3 | PROVIDER\_TROUBLE\_FIND |
| REFUSED | -1 | PROVIDER\_TROUBLE\_FIND |
| DON'T KNOW | -2 | PROVIDER\_TROUBLE\_FIND |

|  |
| --- |
| SOURCE |
| State and Local Area Integrated Telephone Survey (SLAITS) 2012 National Survey of Child Health |

**HCU08000/(DOC\_NAME).** What is {C\_FNAME/the child}'s health care professional's name?

SPECIFY  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| New |

**HCU09000/(DOC\_PHONE).** What is {C\_FNAME/the child}’s doctor’s phone number?

|\_\_\_|\_\_\_|\_\_\_| - |\_\_\_|\_\_\_|\_\_\_| - |\_\_\_|\_\_\_|\_\_\_|\_\_\_|

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * ENTER PHONE NUMBER AND CONFIRM. |

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

|  |
| --- |
| SOURCE |
| New |

**HCU10000.** What is {C\_FNAME/the child}’s doctor’s address?

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

|  |
| --- |
| SOURCE |
| New |

**(DOC\_ADDRESS\_1)**

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

ADDRESS 1 - STREET/PO BOX

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

**(DOC\_ADDRESS\_2)**

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

ADDRESS 2

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

**(DOC\_UNIT)**

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

UNIT

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

**(DOC\_CITY)**

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

CITY

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

**(DOC\_STATE)**

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

STATE

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

**(DOC\_ZIP)**

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

ZIP CODE

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

**(DOC\_ZIP4)**

-|\_\_\_|\_\_\_|\_\_\_|\_\_\_|

ZIP+4

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

**HCU14000/(DENTIST). During the past 12 months**, has {C\_FNAME/the child} been seen by a dentist?  Please include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

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

|  |
| --- |
| SOURCE |
| National Health Interview Survey (NHIS) 2011 (modified) |

**HCU15000/(INS\_DELAYED).** Sometimes people have difficulty getting healthcare when they need it.  By health care, I mean medical care as well as other kinds of care like dental care and mental health services.  During the past 12months, was there any time when {C\_FNAME/the child} needed health care but it was delayed or not received?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 | AFFORD\_MED\_BILLS |
| REFUSED | -1 | AFFORD\_MED\_BILLS |
| DON'T KNOW | -2 | AFFORD\_MED\_BILLS |

|  |
| --- |
| SOURCE |
| State and Local Area Integrated Telephone Survey (SLAITS) National Survey of Children’s Health 2007 |

**HCU16000/(INS\_DELAYED\_TYPE).** What type of care was delayed or not received?  Was it medical care, dental care, mental health services, or something else?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * SELECT ALL THAT APPLY |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| MEDICAL CARE | 1 |  |
| DENTAL CARE | 2 |  |
| MENTAL HEALTH SERVICES | 3 |  |
| OTHER | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| State and Local Area Integrated Telephone Survey (SLAITS) National Survey of Children’s Health 2007 |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **INS\_DELAYED\_TYPE**= ANY COMBINATION OF 1 -3, GO TO **HCU18000.** * IF **INS\_DELAYED\_TYPE**= -5, OR ANY COMBINATION OF 1 - 3 AND -5, GO TO **INS\_DELAYED\_TYPE\_OTH.** * IF **INS\_DELAYED\_TYPE**= -1 OR -2, DO NOT ALLOW SELECTION OF ANY OTHER RESPONSES AND GO TO **HCU18000.** |

**HCU17000/(INS\_DELAYED\_TYPE\_OTH).** SPECIFY  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| State and Local Area Integrated Telephone Survey (SLAITS) National Survey of Children’s Health 2007 |

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

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

GENERAL HEALTH – (EVERY 6M)

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

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

**GH01000.** Now I’d like ask about {C\_FNAME/the child}’s general health.

|  |
| --- |
| SOURCE |
| National Children's Study, Vanguard Phase (6M) |

**GH02000/(GENERAL\_HEALTH\_CHILD).** Would you say {C\_FNAME/the child}’s health in general is excellent, very good, good, fair, or poor?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| EXCELLENT | 1 |  |
| VERY GOOD | 2 |  |
| GOOD | 3 |  |
| FAIR | 4 |  |
| POOR | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Behavioral Risk Factor Surveillance System 2011 |

**GH03000.** What is {C\_FNAME/the child}’s current weight?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RECORD CHILD'S WEIGHT IN POUNDS AND OUNCES. |

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard Phase (3M, 6M, 9M, 12M, 18M and 24M) |

**(CURRENT\_WT\_LBS)**

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

POUNDS

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

**(CURRENT\_WT\_OZ)**

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

OUNCES

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * HARD EDIT: INCLUDE HARD EDIT IF OUNCES IS NOT BETWEEN 00 AND 15. |

**GH04000/(CURRENT\_HT).** What is {C\_FNAME/the child}’s current {height/length}?

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

 INCHES

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

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard Phase (Core) (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **EVENT\_TYPE**= 24, 27, OR 30, DISPLAY "length." * OTHERWISE, DISPLAY "height." |

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP * IF **EVENT\_TYPE**= 24, 30, 36, 38, OR XX (54-MONTH EVENT), GO TO **TIME\_STAMP\_MC2\_ST.** * OTHERWISE, GO TO **TIME\_STAMP\_MC\_ST.** |

MEDICAL CONDITIONS – GENERAL - (ANNUAL – 12M, 24M, 36M, 48M, 60M)

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

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

**MC01000.** Now I’d like to ask about {C\_FNAME/the child}’s possible medical conditions.

|  |
| --- |
| SOURCE |
| National Children's Study, Vanguard Phase (6M) |

**MC02000.** In the past 12 months has a doctor, nurse, or other medical professional told you that {C\_FNAME/the child}...

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort |

**MC03000/(DOC\_BRONCH).** Had a respiratory illness, such as bronchitis, pneumonia, or bronchiolitis?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 | DOC\_GASTRO |
| REFUSED | -1 | DOC\_GASTRO |
| DON'T KNOW | -2 | DOC\_GASTRO |

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort |

**MC04000/(DOC\_BRONCH\_FREQ).** To your knowledge, how many times in the last 12 months did {C\_FNAME/the child} have a respiratory illness?

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

TIMES

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF NEEDED, ADD “such as bronchitis, pneumonia, or bronchiolitis.” |

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

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard Phase (Core) |

**MC05000/(DOC\_GASTRO).** Had a severe gastrointestinal illness, as indicated by frequent vomiting, diarrhea, or dehydration?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (In the past 12 months has a doctor, nurse, or other medical professional told you that {C\_FNAME/the child}...) AS NEEDED. |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 | DOC\_EAR |
| REFUSED | -1 | DOC\_EAR |
| DON'T KNOW | -2 | DOC\_EAR |

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort |

**MC06000/(DOC\_GASTRO\_FREQ).** To your knowledge, how many times in the last 12 months did {C\_FNAME/the child} have a severe gastrointestinal illness?

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

TIMES

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (In the past 12 months has a doctor, nurse, or other medical professional told you that {C\_FNAME/the child}...) AS NEEDED. * IF NEEDED, ADD “as indicated by frequent vomiting, diarrhea, or dehydration.” |

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

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard Phase (Core) |

**MC07000/(DOC\_EAR).** Had an ear infection?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (In the past 12 months has a doctor, nurse, or other medical professional told you that {C\_FNAME/the child}...) AS NEEDED. |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 | DOC\_STREP |
| REFUSED | -1 | DOC\_STREP |
| DON'T KNOW | -2 | DOC\_STREP |

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort |

**MC08000/(DOC\_EAR\_FREQ).** To your knowledge, how many times in the last 12 months did {C\_FNAME/the child} have an ear infection?

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

TIMES

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

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard Phase (Core) |

**MC09000/(DOC\_STREP).** Had strep throat?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (In the past 12 months has a doctor, nurse, or other medical professional told you that {C\_FNAME/the child}...) AS NEEDED. |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 | DOC\_UNKN\_FEVER |
| REFUSED | -1 | DOC\_UNKN\_FEVER |
| DON'T KNOW | -2 | DOC\_UNKN\_FEVER |

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort |

**MC10000/(DOC\_STREP\_FREQ).** To your knowledge, how many times in the last 12 months did {C\_FNAME/the child} have strep throat?

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

TIMES

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

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard Phase (Core) |

**MC11000/(DOC\_UNKN\_FEVER).** Had a fever without a cause?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (In the past 12 months has a doctor, nurse, or other medical professional told you that {C\_FNAME/the child}...) AS NEEDED. |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 | DOC\_ASTHMA |
| REFUSED | -1 | DOC\_ASTHMA |
| DON'T KNOW | -2 | DOC\_ASTHMA |

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard Phase (Core) |

**MC12000/(DOC\_FEVER\_FREQ).** To your knowledge, how many times in the last 12 months did {C\_FNAME/the child} have a fever without a cause?

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

TIMES

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

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard Phase (Core) |

**MC13000/(DOC\_ASTHMA).** Had asthma?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (In the past 12 months has a doctor, nurse, or other medical professional told you that {C\_FNAME/the child}...) AS NEEDED. |

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort 9 Month Parent Interview (modified) |

**MC14000/(DOC\_DELAY).** Had a developmental delay?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (In the past 12 months has a doctor, nurse, or other medical professional told you that {C\_FNAME/the child}...) AS NEEDED. |

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort Preschool Parent Interview (modified) |

**MC15000/(DOC\_EPILEPSY).** Had epilepsy or seizures?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (In the past 12 months has a doctor, nurse, or other medical professional told you that {C\_FNAME/the child}...) AS NEEDED. |

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort Kindergarten 07 Parent Interview |

**MC16000/(DOC\_ANEMIA).** Had anemia?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (In the past 12 months has a doctor, nurse, or other medical professional told you that {C\_FNAME/the child}...) AS NEEDED. |

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort Kindergarten 07 Parent Interview |

**MC17000/(DOC\_ECZEMA).** Had eczema?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (In the past 12 months has a doctor, nurse, or other medical professional told you that {C\_FNAME/the child}...) AS NEEDED. |

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

|  |
| --- |
| SOURCE |
| National Health Interview Survey 2007 (modified) |

**MCXXXXX/(DOC\_PINK\_EYE).** Had pink eye?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (In the past 12 months has a doctor, nurse, or other medical professional told you that {C\_FNAME/the child}...) AS NEEDED. |

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

|  |
| --- |
| SOURCE |
| New |

**MC18000/(DOC\_FOOD\_ALLERG).** Has food allergies or sensitivities?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (In the past 12 months has a doctor, nurse, or other medical professional told you that {C\_FNAME/the child}...) AS NEEDED. |

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort 2 Year Parent Interview (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **DOC\_FOOD\_ALLERG**= 1 GO TO **MC18XXX/(DOC\_TYPE\_ALLERG).** |

**MC18XXX/(DOC\_TYPE\_ALLERG).** What foods is {C\_FNAME/the child} allergic to?

SPECIFY: ­­­­­­­­­­­­­­­­­­­­­­ ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

              SOY

              WHEAT

              MILK

              EGG

              FISH

              SHELLFISH

              PEANUT

              OTHER NUTS

              OTHER SPECIFY

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

|  |
| --- |
| SOURCE |
| New |

**MC19000/(DOC\_HAYFEVER).** Had hay fever or other non-food allergies?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (In the past 12 months has a doctor, nurse, or other medical professional told you that {C\_FNAME/the child}...) AS NEEDED. |

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

|  |
| --- |
| SOURCE |
| National Health Interview Survey 2007 (modified) |

**MC20000/(DOC\_DIABETES).** Has diabetes?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (In the past 12 months has a doctor, nurse, or other medical professional told you that {C\_FNAME/the child}...) AS NEEDED. |

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort Kindergarten 07 Parent Interview |

**MC21000/(DOC\_OVERWEIGHT).** Is overweight?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (In the past 12 months has a doctor, nurse, or other medical professional told you that {C\_FNAME/the child}...) AS NEEDED. |

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

|  |
| --- |
| SOURCE |
| National Health Interview Survey 2007 (modified) |

**MC22000/(DOC\_ADD).** Has attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD)?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (In the past 12 months has a doctor, nurse, or other medical professional told you that {C\_FNAME/the child}...) AS NEEDED. |

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort Kindergarten 07 Parent Interview (modified) |

**MC23000/(DOC\_AUTISM).** Has autism, Asperger syndrome, or any other autism spectrum disorder?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (In the past 12 months has a doctor, nurse, or other medical professional told you that {C\_FNAME/the child}...) AS NEEDED. |

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort Preschool Parent Interview (modified) |

**MC24000/(FAILURE\_THRIVE).** Has a doctor ever told you that {C\_FNAME/your child} has failure to thrive, or any other concern about proper growth?

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort |

**MC25000/(DOC\_OTHER\_COND).** Has any other medical condition or health problem?

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort Kindergarten Parent Interview (modified) |

**MC26000/(DOC\_OTHER\_COND\_OTH).** SPECIFY  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort Kindergarten Parent Interview (modified) |

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

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

MEDICAL CONDITIONS – ASTHMA & ECZEMA – (EVERY 6M)

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

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

**MCZ01000.** Now I would like to ask some questions about asthma and eczema.

**MCZ02000/(CHILD\_ASTHMA).** Has {C\_FNAME/the child} had wheezing or whistling in the chest in the past 6 months?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 | ITCH\_RASH\_SIX |
| REFUSED | -1 | ITCH\_RASH\_SIX |
| DON'T KNOW | -2 | ITCH\_RASH\_SIX |

|  |
| --- |
| SOURCE |
| The International Study of Asthma and Allergies in Childhood (ISAAC) |

**MCZ03000/(NUM\_ASTHMA\_ATTACK).** How many attacks of wheezing has {C\_FNAME/the child} had in the past 6 months?

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

NUMBER OF ASTHMA ATTACKS

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

|  |
| --- |
| SOURCE |
| The International Study of Asthma and Allergies in Childhood (ISAAC) |

**MCZ04000/(SLEEP\_COUGH).** Now I’m going to ask you about the past month.  In the past month, how often, on average, has {C\_FNAME/the child}’s sleep been disturbed due to **coughing** or wheezing?  By coughing I mean a cough not associated with a cold or chest infection.

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Never | 1 |  |
| Less than one night per week | 2 |  |
| One or more nights per week | 3 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| The International Study of Asthma and Allergies in Childhood (ISAAC) and National Health and Nutrition Examination Study (NHANES) |

**MCZ05000/(NUM\_WHEEZE\_WEEK).** Now I’m going to ask you about the past week.  How many days of wheezing has {C\_FNAME/the child} had in the past week?

|\_\_\_|

DAYS OF WHEEZING

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

|  |
| --- |
| SOURCE |
| New |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY HARD EDIT IF **NUM\_WHEEZE\_WEEK**​> 7 |

**MCZ06000/(ITCH\_RASH\_SIX).** Has {C\_FNAME/the child} ever had an itchy rash which was coming and going for at least six months?

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

|  |
| --- |
| SOURCE |
| The International Study of Asthma and Allergies in Childhood (ISAAC) |

**MCZ07000/(RASH\_PAST\_SIX).** Has {C\_FNAME/the child} had this itchy rash at any time in the past 6 months?

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

|  |
| --- |
| SOURCE |
| The International Study of Asthma and Allergies in Childhood (ISAAC) |

**MCZ08000.** Has this itchy rash at any time affected any of the following places…

|  |
| --- |
| SOURCE |
| Urban Environment and Childhood Asthma: Form 136 |

**MCZ09000/(ELBOW\_RASH).** Folds of elbows?

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

|  |
| --- |
| SOURCE |
| Urban Environment and Childhood Asthma: Form 136 |

**MCZ10000/(KNEE\_RASH).** Behind the knees?

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

|  |
| --- |
| SOURCE |
| Urban Environment and Childhood Asthma: Form 136 |

**MCZ11000/(ANKLE\_RASH).** In front of the ankles?

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

|  |
| --- |
| SOURCE |
| Urban Environment and Childhood Asthma: Form 136 |

**MCZ12000/(BUTTOCKS\_RASH).** Under the buttocks?

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

|  |
| --- |
| SOURCE |
| Urban Environment and Childhood Asthma: Form 136 |

**MCZ13000/(NECK\_RASH).** Around the neck?

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

|  |
| --- |
| SOURCE |
| Urban Environment and Childhood Asthma: Form 136 |

**MCZ14000/(EARS\_RASH).** Around the ears or eyes?

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

|  |
| --- |
| SOURCE |
| Urban Environment and Childhood Asthma: Form 136 |

**MCZ15000/(RASH\_CLEARED\_COMP).** Has this rash cleared completely at any time during the past 6 months?

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

|  |
| --- |
| SOURCE |
| International Study of Asthma and Allergies in Childhood (modified) |

**MCZ16000/(RASH\_AWAKE).** In the past 6 months, how often, on average, has {C\_FNAME/the child} been kept awake at night by this itchy rash?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Never | 1 |  |
| Less than one night per week | 2 |  |
| One or more nights per week | 3 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| International Study of Asthma and Allergies in Childhood (modified) |

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP * IF **EVENT\_TYPE** = 24, 30, 36, 38, OR XX (54-MONTH EVENT), GO TO **TIME\_STAMP\_WCC\_ST.** * OTHERWISE, GO TO **TIME\_STAMP\_MED\_ST.** |

WELL CHILD CARE/VACCINATIONS - (EVERY 6M, BEGINNING AT 6 M )

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

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

**WCC01000.** Now I would like to ask you about {C\_FNAME/the child}’s well-child visits and vaccinations.  It would be helpful if you referred to {C\_FNAME/the child}’s shots record, or the Infant and Child Health Care Log that you received as part of this study, or to any other personal record or calendar that you keep that would help you to remember the dates of these shots.  If you have this information available, will you please go and get it now?

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard Phase (3M, 6M, 9M, 12M, 18M and 24M) (modified) |

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IN THE SCHEDULING INSTRUMENT COMPLETED AT THE TIME OF SCHEDULING FOR THIS VISIT, THE DATA COLLECTOR ASKED THE CAREGIVER WHETHER HE/SHE HAS THE INFANT CARE LOG.  IF THE CAREGIVER INDICATED THAT HE/SHE DID NOT HAVE/COULD NOT FIND THE INFANT CARE LOG, THE DATA COLLECTOR SHOULD HAVE MAILED AN INFANT CARE LOG TO THE ADULT CAREGIVER.  THE DATA COLLECTOR SHOULD BRING AN EXTRA INFANT CARE LOG TO GIVE TO THE CAREGIVER IF NECESSARY. * IF THE ADULT CAREGIVER DOES NOT HAVE THE LOG OR CHILD’S SHOT RECORD, REASSURE HIM/HER IT IS NOT A PROBLEM AND HE/SHE SHOULD TRY TO RESPOND TO THE NEXT QUESTIONS AS WELL AS POSSIBLE FROM MEMORY. |

**WCC02000/(WCC\_VISIT).** In the last 6 months, has {C\_FNAME/the child} had a visit to a doctor, nurse or other health care provider for a well care visit or vaccination such as a check-up?  Do not include visits because of illness.  I will ask about those later.

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 | ALL\_SHOTS |
| REFUSED | -1 | ALL\_SHOTS |
| DON'T KNOW | -2 | ALL\_SHOTS |

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort (modified) |

**WCC03000/(NUM\_WELL\_CHILD\_VISIT).** How many well-child visits or check-ups has {C\_FNAME/the child} had in the last 6 months?

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

WELL-CHILD VISITS

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * ENTER “00” IF NONE. |

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **NUM\_WELL\_CHILD\_VISIT**= 0, -1, OR -2, GO TO **ALL\_SHOTS.** * IF **NUM\_WELL\_CHILD\_VISIT**≥ 1, LOOP THROUGH **WCC04000, LAST\_VISIT\_DATE\_MM, LAST\_VISIT\_DATE\_DD, LAST\_VISIT\_DATE\_YYYY, WCC05000**(IF APPLICABLE), **WCC06000, VISIT\_WT\_LBS, VISIT\_WT\_OZ, VACCINATION, SHOTS\_TYPE, SHOTS\_TYPE\_OTH**(IF APPLICABLE), AND **MEDS\_WITH\_SHOTS**UNTIL NUMBER OF LOOPS = **​NUM\_WELL\_CHILD\_VISIT.** |

**WCC04000.** What was the date of {C\_FNAME/the child}’s {most recent/next most recent} well-child visit or checkup?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * ENTER A TWO-DIGIT MONTH, TWO-DIGIT DAY, AND FOUR-DIGIT YEAR. |

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard Phase (3M, 6M, 9M, 12M, 18M and 24M) |

**(LAST\_VISIT\_DATE\_MM)** MONTH:

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

   M    M

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 | WCC05000 |
| DON'T KNOW | -2 | WCC05000 |

**(LAST\_VISIT\_DATE\_DD)** DAY:

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

 D     D

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

**(LAST\_VISIT\_DATE\_YYYY)** YEAR:

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

Y      Y     Y      Y

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 | WCC05000 |
| DON'T KNOW | -2 | WCC05000 |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF FIRST LOOP, DISPLAY "most recent." * IF SUBSEQUENT LOOP, DISPLAY "next most recent." * IF **LAST\_VISIT\_DATE\_YYYY**≠ -1 OR -2, GO TO **WCC06000**. |

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF FIRST LOOP, DISPLAY "most recent." * IF SUBSEQUENT LOOP, DISPLAY "next most recent." |

**WCC07000/(VACCINATION).** Was {C\_FNAME/the child} given any vaccinations at {his/her} {most recent/next most recent} visit?  Vaccinations are usually injections or shots that strengthen people’s immune systems so that their bodies can fight off serious infectious diseases.  Do not include allergy shots.

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

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard Phase (Core) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF FIRST LOOP, DISPLAY "most recent." * IF SUBSEQUENT LOOP, DISPLAY "next most recent." * IF **VACCINATION**= 1, GO TO **SHOTS\_TYPE.** * IF **VACCINATION**= 2, -1 OR -2, AND   + IF NUMBER OF LOOPS **= NUM\_WELL\_CHILD\_VISIT,**AND       - IF **VACCINATION**≠ 1 FOR ALL LOOPS, GO TO **ALL\_SHOTS.**     - IF **VACCINATION**= 1 FOR ANY PREVIOUS LOOP, GO TO **RXN\_SHOTS.**   + IF NUMBER OF LOOPS < **NUM\_WELL\_CHILD\_VISIT**, GO TO **WCC04000.** |

**WCC08000/(SHOTS\_TYPE).** Please tell me the name of each vaccination {C\_FNAME/the child} received at this visit.

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * PROBE: Anything else? * SELECT ALL THAT APPLY. |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| DTaP (TETANUS, WHOOPING COUGH, DIPHTHERIA) | 1 |  |
| HepA (HEPATITIS A) | 2 |  |
| HepB (HEPATITIS B) | 3 |  |
| Hib (HAEMOPHILUS INFLUENZA TYPE B) | 4 |  |
| INFLUENZA (INFLUENZA) | 5 |  |
| IPV (POLIO) | 6 |  |
| MMR (MEASLES, MUMPS, RUBELLA) | 7 |  |
| PCV (PNEUMOCOCCUS) | 8 |  |
| RV (ROTAVIRUS) | 9 |  |
| VARICELLA (CHICKENPOX) | 10 |  |
| OTHER | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard Phase (Core) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **SHOTS\_TYPE**= ANY COMBINATION OF 1 - 10, GO TO **MEDS\_WITH\_SHOTS.** * IF **SHOTS\_TYPE**= -5, OR ANY COMBINATION OF 1 - 10 AND -5, GO TO **SHOTS\_TYPE\_OTH.** * IF **SHOTS\_TYPE**= -1 OR -2, DO NOT ALLOW SELECTION OF ANY OTHER RESPONSE AND GO TO **MEDS\_WITH\_SHOTS.** |

**WCC09000/(SHOTS\_TYPE\_OTH).** SPECIFY  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| National Children's Study, Vanguard Phase (Core) |

**WCC10000/(MEDS\_WITH\_SHOTS).** Was {C\_FNAME/the child} given acetaminophen, such as Tylenol, or ibuprofen, such as Advil or Motrin, immediately after receiving the vaccination?

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

|  |
| --- |
| SOURCE |
| New |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF NUMBER OF LOOPS < **NUM\_WELL\_CHILD\_VISIT**, GO TO **WCC04000.** * OTHERWISE, IF NUMBER OF LOOPS = **NUM\_WELL\_CHILD\_VISIT,**GO TO **RXN\_SHOTS.** |

**WCC11000/(RXN\_SHOTS).** Did the child experience any side effects after receiving any vaccine in the past 6 months?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 | ALL\_SHOTS |
| REFUSED | -1 | ALL\_SHOTS |
| DON'T KNOW | -2 | ALL\_SHOTS |

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard Phase (Core) (modified) |

**WCC12000/(RXN\_SHOTS\_TYPE).** What was the side effect?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * PROBE: Anything else? * SELECT ALL THAT APPLY |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| ABDOMINAL PAIN | 1 |  |
| BODY ACHES | 2 |  |
| CHILLS | 3 |  |
| DIARRHEA | 4 |  |
| FEVER | 5 |  |
| FUSSINESS | 6 |  |
| HEADACHE | 7 |  |
| HOARSENESS/SORE THROAT/COUGH | 8 |  |
| LOSS OF APPETITE | 9 |  |
| NASAL CONGESTION/RUNNY NOSE | 10 |  |
| MUSCLE/JOINT PAIN | 11 |  |
| NAUSEA/VOMITING | 12 |  |
| RASH/HIVES | 13 |  |
| REDNESS/WARMTH/SWELLING WHERE THE SHOT WAS GIVEN | 14 |  |
| SEIZURE | 15 |  |
| SORENESS/TENDERNESS WHERE THE SHOT WAS GIVEN | 16 |  |
| SORE/RED/ITCHY EYES | 17 |  |
| SWOLLEN GLANDS | 18 |  |
| TEMPORARY LOW PLATELET COUNT | 19 |  |
| TIREDNESS/FATIGUE | 20 |  |
| WEAKNESS | 21 |  |
| WHEEZING/TROUBLE BREATHING | 22 |  |
| OTHER | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard Phase (Core) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **RXN\_SHOTS\_TYPE**= ANY COMBINATION OF 1 - 22, GO TO **RXN\_SHOTS\_DOC.** * IF **RXN\_SHOTS\_TYPE**= -5, OR ANY COMBINATION OF 1 - 22 AND -5, GO TO **RXN\_SHOTS\_TYPE\_OTH.** * IF **RXN\_SHOTS\_TYPE**= -1 OR -2, DO NOT ALLOW SELECTION OF ANY OTHER RESPONSE AND GO TO **​RXN\_SHOTS\_DOC.** |

**WCC13000/(RXN\_SHOTS\_TYPE\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard Phase (Core) |

**WCC14000/(RXN\_SHOTS\_DOC).** Did {C\_FNAME/the child} see a physician or health care provider for this side effect?

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

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard Phase (Core) |

**WCC15000/(RXN\_MEDS).** Was the child given any medications for any of the side effects?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 | ALL\_SHOTS |
| REFUSED | -1 | ALL\_SHOTS |
| DON'T KNOW | -2 | ALL\_SHOTS |

|  |
| --- |
| SOURCE |
| New |

**WCC16000/(RXN\_MED\_NAME).** What was the name of the medication?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| TYLENOL (ACETAMINOPHEN) | 1 |  |
| ADVIL/MOTRIN (IBUPROPHEN) | 2 |  |
| OTHER | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| New |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **RXN\_MED\_NAME**= 1 AND/OR 2, GO TO **ALL\_SHOTS.** * IF **RXN\_MED\_NAME**= -5, OR ANY COMBINATION OF 1 AND/OR 2 AND -5, GO TO **RXN\_MED\_NAME\_OTH.** * IF **RXN\_MED\_NAME**= -1 OR -2, DO NOT ALLOW SELECTION OF ANY OTHER RESPONSE AND GO TO **​ALL\_SHOTS.** |

**WCC17000/(RXN\_MED\_NAME\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * ENTER ALL MEDICATIONS IN FIELD SEPARATED BY COMMAS OR “AND”. * ENTER UP TO 10 MEDICATIONS; IF MORE THAN 10 MEDICATIONS PROVIDED, ENTER FIRST 10 PROVIDED BY ADULT CAREGIVER. * PROBE: “Anything else?” |

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

|  |
| --- |
| SOURCE |
| New |

**WCC18000/(ALL\_SHOTS).** In your opinion, has {C\_FNAME/the child} received all of the recommended shots for {his/her} age?

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

|  |
| --- |
| SOURCE |
| National Health Interview Survey 2003 |

**WCC19000/(REFUSE\_SHOTS).** Have you refused to have {C\_FNAME/the child} get any vaccinations?

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

|  |
| --- |
| SOURCE |
| National Health Interview Survey 2003 |

**WCC20000/(TYPES\_SHOTS\_REFUSE).** Which vaccinations did you refuse to get for {C\_FNAME/the child}?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * SELECT ALL THAT APPLY. |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| DTaP (TETANUS, WHOOPING COUGH, DIPHTHERIA) | 1 |  |
| HepA (HEPATITIS A) | 2 |  |
| HepB (HEPATITIS B) | 3 |  |
| Hib (HAEMOPHILUS INFLUENZA TYPE B) | 4 |  |
| INFLUENZA (INFLUENZA) | 5 |  |
| IPV (POLIO) | 6 |  |
| MMR (MEASLES, MUMPS, RUBELLA) | 7 |  |
| PCV (PNEUMOCOCCUS) | 8 |  |
| RV (ROTAVIRUS) | 9 |  |
| VARICELLA (CHICKENPOX) | 10 |  |
| ALL | 11 |  |
| OTHER | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Health Interview Survey 2003 |

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * GET INFANT CARE LOG OR CHILD’S SHOT RECORD AND COMPLETE WELL CHILD CARE/VACCINATION GRID WITH INFORMATION FROM THESE RECORDS. |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **TYPES\_SHOTS\_REFUSE**= ANY COMBINATION OF 1 - 10, GO TO **TIME\_STAMP\_WCC\_ET.** * IF **TYPES\_SHOTS\_REFUSE**= -5 OR ANY COMBINATION OF 1 - 10 AND -5, GOT O **TYPES\_SHOTS\_REFUSE\_OTH.** * IF **TYPES\_SHOTS\_REFUSE**= 11, -1 OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES AND GO TO **​TIME\_STAMP\_WCC\_ET.** |

**WCC21000/(TYPES\_SHOTS\_REFUSE\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| ​National Health Interview Survey 2003 |

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

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

EMERGENCY ROOM/URGENT CARE VISITS - (ANNUAL – 12M, 24M, 36M, 48M, 60M)

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

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

**ERC01000.** I am now going to ask some questions about any visits {C\_FNAME/the child} may have had to an emergency department or urgent care center.  Include only those visits where the child was treated and released.  Do not include visits where the child was first seen in the emergency department and then admitted to the hospital.

|  |
| --- |
| SOURCE |
| ​Early Childhood Longitudinal Program, Birth Cohort (modified) |

**ERC02000/(ER\_VISIT).** Has {C\_FNAME/the child} ever been taken to an emergency room or urgent care center?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 | FREQ\_INJURY |
| REFUSED | -1 | FREQ\_INJURY |
| DON'T KNOW | -2 | FREQ\_INJURY |

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort (modified) |

**ERC03000/(ER\_VISIT\_NUM).** In the last 12 months, how many times has {C\_FNAME/the child} been taken to an emergency room or urgent care center?

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

TIMES

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

|  |
| --- |
| SOURCE |
| National Health Interview Survey 2011 (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **ER\_VISIT\_NUM**= 0, -1 OR -2, GO TO **FREQ\_INJURY.** * OTHERWISE, IF **ER\_VISIT\_NUM**≥ 1, LOOP THROUGH **ERC04000, ER\_VISIT\_DATE\_MM, ER\_VISIT\_DATE\_DD, ER\_VISIT\_DATE\_YYYY, ERC05000**(IF APPLICABLE), **ER\_VISIT\_DIAG,** AND**ER\_VISIT\_DIAG\_OTH** (IF **ER\_VISIT\_DIAG**= -5) UNTIL NUMBER OF LOOPS = **​ER\_VISIT\_NUM.** |

**ERC04000.** What was the date of the {most recent/next most recent} visit to an emergency room or urgent care visit in the last 12 months?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * ENTER A TWO-DIGIT MONTH, TWO-DIGIT DAY, AND FOUR-DIGIT YEAR. |

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard Phase (Core) |

**(ER\_VISIT\_DATE\_MM)** MONTH:

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

  M    M

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 | ERC05000 |
| DON'T KNOW | -2 | ERC05000 |

**(ER\_VISIT\_DATE\_DD)** DAY:

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

  D     D

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

**(ER\_VISIT\_DATE\_YYYY)** YEAR:

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

  Y     Y     Y     Y

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF FIRST LOOP, DISPLAY "most recent." * IF SUBSEQUENT LOOP, DISPLAY "next most recent." * IF **ER\_VISIT\_DATE\_YYYY**≠ -1 OR -2, GO TO **ER\_VISIT\_DIAG**. |

**ERC05000.** How old was {C\_FNAME/the child} at the {most recent/next most recent} emergency room or urgent care visit in the last 12 months?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF NECESSARY, REMIND ADULT CAREGIVER TO REFER TO HEALTH CARE LOG OR OTHER RECORDS IF AVAILABLE. * RECORD AGE IN MONTHS IF CHILD YOUNGER THAN 36 MONTHS. * OTHERWISE, RECORD AGE IN YEARS. |

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard Phase (Core) |

**(ER\_VISIT\_AGE)**

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

AGE

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

**(ER\_VISIT\_AGE\_UNIT)**

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF FIRST LOOP, DISPLAY "most recent." * IF SUBSEQUENT LOOP, DISPLAY "next most recent." |

**ERC06000/(ER\_VISIT\_DIAG).** What did the doctor or other health care professional tell you was the reason or diagnosis for {C\_FNAME/the child}’s {most recent/next most recent} emergency room or urgent care visit in the last 12 months?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * SELECT ALL THAT APPLY. * PROBE: “Any others?” |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| ABDOMINAL PAIN | 1 |  |
| ACUTE UPPER RESPIRATORY INFECTION | 2 |  |
| ASTHMA | 3 |  |
| CONTUSION (BRUISING) | 4 |  |
| DISLOCATION |  |  |
| FRACTURE(S) | 5 |  |
| OPEN WOUND, HEAD INJURY | 6 |  |
| OPEN WOUND, EXCLUDING HEAD | 7 |  |
| EAR INFECTION OR EARACHE (OTITIS MEDIA) | 8 |  |
| FEVER | 9 |  |
| SORE THROAT (ACUTE PHARYNGITIS) | 10 |  |
| SKIN RASH | 11 |  |
| PNEUMONIA | 12 |  |
| APPENDICITIS | 13 |  |
| DEHYDRATION (FLUID AND ELECTROLYTE IMBALANCE) | 14 |  |
| SEIZURE | 15 |  |
| URINARY TRACT INFECTION | 16 |  |
| VOMITING AND/OR DIARRHEA | 17 |  |
| SKIN INFECTION | 18 |  |
| HEAD INJURY | 19 |  |
| STRAIN/SPRAIN |  |  |
| OTHER | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Hospital Ambulatory Care Survey: 2006 Emergency Department Summary (first 11 diagnoses)  H-CUP Statistical Brief #33: Top 20 most common reasons for admission to the ED for children & adolescents, 2004 (remaining diagnoses) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF FIRST LOOP, DISPLAY "most recent." * IF SUBSEQUENT LOOP, DISPLAY "next most recent." * IF NUMBER OF LOOPS = **ER\_VISIT\_NUM** AND    + IF **ER\_VISIT\_DIAG**= ANY COMBINATION OF 1 - 19, GO TO **FREQ\_INJURY.**   + IF **ER\_VISIT\_DIAG**= -5 OR ANY COMBINATION OF 1 - 19 AND -5, GO TO **ER\_VISIT\_DIAG\_OTH.**   + IF **ER\_VISIT\_DIAG**= -1 OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES AND GO TO **FREQ\_INJURY.** * **​**IF NUMBER OF LOOPS < **ER\_VISIT\_NUM**AND    + IF **ER\_VISIT\_DIAG**= ANY COMBINATION OF 1 - 19, GO TO **ERC04000.**   + IF **ER\_VISIT\_DIAG**= -5 OR ANY COMBINATION OF 1 - 19 AND -5, GO TO **ER\_VISIT\_DIAG\_OTH.**   + IF **ER\_VISIT\_DIAG**= -1 OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES AND GO TO **​ERC04000.** |

**ERC07000/(ER\_VISIT\_DIAG\_OTH).** SPECIFY  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF NUMBER OF LOOPS = **ER\_VISIT\_NUM**, GO TO **FREQ\_INJURY.** * IF NUMBER OF LOOPS < **ER\_VISIT\_NUM**, GO TO **​ERC04000.** |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **ER\_VISIT\_DIAG** = **X,X,X…GO TO ERC08000/(FREQ\_INJURY).** |

**ERC08000/(FREQ\_INJURY). What caused the injury?**

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| FALL | 1 |  |
| STRUCK BY/AGAINST | 2 |  |
| BITES/STINGS | 3 |  |
| CUT/PIERCED WITH SHARP OBJECT | 4 |  |
| SWALLOWING FOREIGN BODY | 5 |  |
| DROWNING | 6 |  |
| NURSEMAID’S ELBOW | 7 |  |
|  |  |  |
| POISONING (ATE/DRANK/INHALED) | 9 |  |
| FIRE/BURNS | 10 |  |
| MOTOR VEHICLE CRASH | 11 |  |
| SUFFOCATION/INHALATION | 12 |  |
| PEDAL CYCLE | 13 |  |
| OTHER TRANSPORT | 14 |  |
| PEDESTRIAN | 15 |  |
| OTHER | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF FIRST LOOP, DISPLAY "most serious." * IF SUBSEQUENT LOOP, DISPLAY "next most serious." * IF **CAUSE\_INJURY**= -5 , GO TO **CAUSE\_INJURY\_OTH.** * IF **CAUSE\_INJURY**= 11, GO TO **AUTO\_CRASH\_SAFE.** * IF **CAUSE\_INJURY**= 13, GO TO **HELMET\_BIKE.** * OTHERWISE, IF **CAUSE\_INJURY** ≠ -5, 11, OR 13, AND   + IF NUMBER OF LOOPS = **FREQ\_INJURY,**GO TO **TIME\_STAMP\_ERC\_ET.**   + IF NUMBER OF LOOPS < **FREQ\_INJURY,**GO TO **CAUSE\_INJURY.** |

**ERC10000/(CAUSE\_INJURY\_OTH).** SPECIFY  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF NUMBER OF LOOPS = **FREQ\_INJURY**, GO TO **TIME\_STAMP\_ERC\_ET.** * IF NUMBER OF LOOPS < **FREQ\_INJURY**, GO TO **CAUSE\_INJURY.** |

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

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

HOSPITALIZATIONS - (ANNUAL – 12M, 24M, 36M, 48M, 60M)

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

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

**HOS01000.** Now I am going to ask some questions about hospital stays.

|  |
| --- |
| SOURCE |
| National Children's Study, Vanguard Phase (18M) |

**HOS02000/(HOSP\_VISIT).** Has {C\_FNAME/the child} ever been hospitalized overnight?  Do not include an overnight stay in the emergency room.

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

|  |
| --- |
| SOURCE |
| National Health Interview Survey 2007 Family Questionnaire (modified) |

**HOS03000/(HOSP\_VISIT\_NUM).** In the past 12 months, how many different times did {C\_FNAME/the child} stay in any hospital overnight or longer?

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

TIMES

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

|  |
| --- |
| SOURCE |
| Los Angeles Family and Neighborhood Survey Parent Questionnaire (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **HOSP\_VISIT\_NUM**= 0, -1, OR -2, GO TO **TIME\_STAMP\_HOS\_ET.** * IF **HOSP\_VISIT\_NUM**≥ 1, LOOP THROUGH**HOS04000, HOSP\_VISIT\_NUM\_NIGHTS, HOS06000, HOSP\_VISIT\_DIAG,** AND **HOSP\_VISIT\_DIAG\_OTH**(IF **HOSP\_VISIT\_DIAG** = -5) UNTIL NUMBER OF LOOPS = **HOSP\_VISIT\_NUM.** |

**HOS04000.** What was the admission date of the {most recent/next most recent} hospitalization where {C\_FNAME/the child} spent at least one night in the hospital?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * ENTER A TWO-DIGIT MONTH, TWO-DIGIT DAY, AND FOUR-DIGIT YEAR. |

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard Phase (Core) |

**(HOSP\_VISIT\_DATE\_MM)** MONTH:

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

  M   M

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 | HOS06000 |
| DON'T KNOW | -2 | HOS06000 |

**(HOSP\_VISIT\_DATE\_DD)** DAY:

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

   D    D

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

**(HOSP\_VISIT\_DATE\_YYYY)** YEAR:

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

   Y     Y     Y    Y

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 | HOS06000 |
| DON'T KNOW | -2 | HOS06000 |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF FIRST LOOP, DISPLAY "most recent." * IF SUBSEQUENT LOOP, DISPLAY "next most recent." * IF **HOSP\_VISIT\_DATE\_MM, HOSP\_VISIT\_DATE\_DD,**AND **HOSP\_VISIT\_DATE\_YYYY**≠ -1 OR -2, GO TO **HOSP\_VISIT\_NUM\_NIGHTS**. |

**HOS06000.** How old was {C\_FNAME/the child} at the {most recent/next most recent}  hospitalization where {he/she} spent at least one night in the hospital?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF NECESSARY, REMIND ADULT CAREGIVER TO REFER TO HEALTH CARE LOGS OR OTHER RECORDS IF AVAILABLE. * RECORD AGE IN MONTHS IF CHILD YOUNGER THAN 36 MONTHS. * OTHERWISE, RECORD AGE IN YEARS. |

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard Phase (Core) |

**(HOSP\_VISIT\_AGE)**

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

AGE

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

**(HOSP\_VISIT\_AGE\_UNIT)**

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| MONTHS | -1 |  |
| WEEKS | -2 |  |

**HOS06100/(HOSP\_VISIT\_NUM\_NIGHTS).** How many nights did {C\_FNAME/your child} stay in the hospital during this hospital stay?

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

NUMBER OF NIGHTS

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

|  |
| --- |
| SOURCE |
| National Children's Study (PBS 6M) |

**HOS07000/(HOSP\_VISIT\_DIAG).** What did the doctor or other health care professional tell you was the main reason or diagnosis for {C\_FNAME/the child}’s {most recent/next most recent} hospitalization?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * SELECT ALL THAT APPLY. * PROBE: “Any others?” |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| ACUTE BRONCHITIS | 1 |  |
| APPENDICITIS | 2 |  |
| ASTHMA | 3 |  |
| BIRTH DEFECT COMPLICATIONS | 4 |  |
| CANCER TREATMENT | 5 |  |
| DEHYDRATION | 6 |  |
| DIABETES | 7 |  |
| EPILEPSY OR SEIZURES | 8 |  |
| FEVER OF UNKNOWN ORIGIN | 9 |  |
| FRACTURES, UPPER LIMB | 10 |  |
| FRACTURES, LOWER LIMB | 11 |  |
| GASTROINTESTINAL INFECTION | 12 |  |
| HEAD INJURY | 13 |  |
| INFLUENZA | 14 |  |
| JAUNDICE (YELLOWNESS OF SKIN) | 15 |  |
| MOOD DISORDER | 16 |  |
| OPEN WOUND |  |  |
| OTHER RESPIRATORY INFECTION | 17 |  |
| OTHER VIRAL INFECTION | 18 |  |
| PNEUMONIA | 19 |  |
| SKIN INFECTION | 20 |  |
| URINARY TRACT INFECTION | 21 |  |
| OTHER | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard Phase (Core) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF FIRST LOOP, DISPLAY "most recent" * IF SUBSEQUENT LOOP, DISPLAY "next most recent." * IF **HOSP\_VISIT\_DIAG**= -5 OR ANY COMBINATION OF 1 - 21 AND -5, GO TO **HOSP\_VISIT\_DIAG\_OTH.** * IF **HOSP\_VISIT\_DIAG**= ANY COMBINATION OF 1 - 21, GO TO **RECORD\_RECALL.** * IF **HOSP\_VISIT\_DIAG**= -1 OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES AND    + IF NUMBER OF LOOPS = **HOSP\_VISIT\_NUM**, GO TO **TIME\_STAMP\_HOS\_ET.**   + IF NUMBER OF LOOPS < **HOSP\_VISIT\_NUM**, GO TO **HOS04000.** |

**HOS08000/(HOSP\_VISIT\_DIAG\_OTH).** SPECIFY  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **HOSP\_VISIT\_DIAG** = **X,X,X…GO TO HOS0XXXX /(FREQ\_INJURY).** |

**HOS0XXXX /(FREQ\_INJURY). What caused the injury?**

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| FALL | 1 |  |
| STRUCK BY/AGAINST | 2 |  |
| BITES/STINGS | 3 |  |
| CUT/PIERCED WITH SHARP OBJECT | 4 |  |
| SWALLOWING FOREIGN BODY | 5 |  |
| DROWNING | 6 |  |
| NURSEMAID’S ELBOW | 7 |  |
|  | 8 |  |
| POISONING (ATE/DRANK/INHALED) | 9 |  |
| FIRE/BURNS | 10 |  |
| MOTOR VEHICLE CRASH | 11 |  |
| SUFFOCATION/INHALATION | 12 |  |
| PEDAL CYCLE | 13 |  |
| OTHER TRANSPORT | 14 |  |
| PEDESTRIAN | 15 |  |
| OTHER | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

**HOSXXXXX/(CAUSE\_INJURY\_OTH).** SPECIFY  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Program, Birth Cohort |

**HOS09000/(RECORD\_RECALL).** It is important for the Study to know what type of records you used to help answer these questions.   Which of the following did you use to help you recall {C\_FNAME/the child}'s visits to the hospital or emergency room and {his/her} sick visits, well-child visits, and the vaccinations you told me about?  Did you use…

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * SELECT ALL THAT APPLY |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| The Infant and Child Health Care Log | 1 |  |
| A shot or vaccination record (other than the Infant and Child Health Care Log) | 2 |  |
| Your memory | 3 |  |
| Some other type of personal record | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Health Interview Survey 2003 |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **RECORD\_RECALL**= -5 OR ANY COMBINATION OF 1 - 3 AND -5, GO TO **RECORD\_RECALL\_OTH.** * IF **RECORD\_RECALL**= ANY COMBINATION OF 1 - 3, AND    + IF NUMBER OF LOOPS = **HOSP\_VISIT\_NUM,** GO TO **TIME\_STAMP\_HOS\_ET.**   + IF NUMBER OF LOOPS < **HOSP\_VISIT\_NUM**, GO TO **HOS04000.** * **​**IF **RECORD\_RECALL**= -1 OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES AND    + IF NUMBER OF LOOPS = **HOSP\_VISIT\_NUM**, GO TO **TIME\_STAMP\_HOS\_ET.**   + IF NUMBER OF LOOPS < **HOSP\_VISIT\_NUM**, GO TO **​HOS04000.** |

**HOS10000/(RECORD\_RECALL\_OTH).** SPECIFY  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| National Health Interview Survey 2003 |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF NUMBER OF LOOPS = **HOSP\_VISIT\_NUM**, GO TO **TIME\_STAMP\_HOS\_ET.** * IF NUMBER OF LOOPS < **HOSP\_VISIT\_NUM**, GO TO **HOS04000.** |

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

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

MEDICATIONS – (EVERY 6M)

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

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

**MED01000.** Now I am going to ask some questions about prescription medicines, over-the-counter medicines, and dietary supplements.  If you have them available, please go and get the containers for all the medicines and supplements that have been given to {C\_FNAME/the child}.

|  |
| --- |
| SOURCE |
| ​National Health and Nutrition Examination Survey 2005 (modified) |

**MED02000/(PRESCR\_TAKE).** In the past 30 days, has {C\_FNAME/the child} used or taken any medication for which a prescription is needed, including vitamins or minerals?  Include only those products prescribed by a health professional such as a doctor or dentist.

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 | MED16000 |
| REFUSED | -1 | MED16000 |
| DON'T KNOW | -2 | MED16000 |

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination Survey 2005 (modified) |

**MED03000/(PRESCRMED).** Please list the name of all prescription medicines taken by {C\_FNAME/the child} in the past 30 days:

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

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * ENTER ALL MEDICATIONS IN FIELD SEPARATED BY COMMAS OR “AND”. * ENTER UP TO 10 MEDICATIONS; IF MORE THAN 10 MEDICATIONS PROVIDED, ENTER FIRST 10 PROVIDED BY ADULT CAREGIVER. * PROBE: “Anything else?” |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 | MED16000 |
| DON'T KNOW | -2 | MED16000 |

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination Survey 2005 (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF MORE THAN ONE PRESCRIPTION MEDICATION LISTED, LOOP THROUGH **MED04000, MED05000, RXMED\_COND, PRESCRMED\_TIME, PRESCRMED\_12MO, RX\_BENEFITS, RX\_SIDE\_EFFECT, RX\_SIDE\_EFFECT\_TYPE, RX\_SIDE\_EFFECT\_TYPE\_OTH**(IF **RX\_SIDE\_EFFECT\_TYPE**= -5), **RX\_MED\_SYMP\_GONE, RXMED\_STOP,**AND **RXMED\_STOP\_REAS**UNTIL NUMBER OF LOOPS = NUMBER OF PRESCRIPTIONS LISTED IN **PRESCRMED.** |

**MED04000.** First, let’s talk about {PRESCRMED\_1}.

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY FIRST PRESCRIPTION MEDICATION LISTED IN **PRESCRMED**AS "PRESCRMED\_1." * GO TO **​RXMED\_COND.** |

**MED05000.** Now let’s talk about {PRESCRMED\_2\_10}.

|  |
| --- |
| SOURCE |
| ​National Children’s Study, Vanguard Phase (Core) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY APPROPRIATE PRESCRIPTION MEDICATION LISTED IN **PRESCRMED**AS "PRESCRMED\_2\_10" FOR EACH LOOP (E.G., IF SECOND LOOP, DISPLAY SECOND PRESCRIPTION MEDICATION LISTED IN **PRESCRMED).** |

**MED06000/(RXMED\_COND).** What condition did the health care professional prescribe this medication for?

CONDITION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| New |

**MED07000/(PRESCRMED\_TIME).** How long has {C\_FNAME/the child} taken this prescription medicine?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| 0-14 days | 1 |  |
| 15-30 days | 2 |  |
| More than 30 days | 3 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination Survey 2005 (modified) |

**MED08000/(PRESCRMED\_12MO).** Is this medication taken for a condition that has lasted or is expected to last for at least 12 months?

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

|  |
| --- |
| SOURCE |
| State and Local Area Integrated Telephone Survey National Survey of Child Health (modified) |

**MED09000/(RX\_BENEFITS).** What benefits do you observe from {C\_FNAME/the child} taking this medication?

BENEFITS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| New |

**MED10000/(RX\_SIDE\_EFFECT).** Since taking this medication, has {C\_FNAME/the child} experienced any side effects that you believe were caused by this medication?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 | RXMED\_STOP |
| REFUSED | -1 | RXMED\_STOP |
| DON'T KNOW | -2 | RXMED\_STOP |

|  |
| --- |
| SOURCE |
| New |

**MED11000/(RX\_SIDE\_EFFECT\_TYPE).** What side effects did {C\_FNAME/the child} experience?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD. * IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS. * PROBE: Any others? * SELECT ALL THAT APPLY. |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| SKIN RASH | 1 |  |
| ITCHING | 2 |  |
| FEELING/BEING SICK | 3 |  |
| BREATHING DIFFICULTIES | 4 |  |
| EFFECTS ON DIGESTION (E.G. DIARRHEA) | 5 |  |
| BLOOD DISORDER | 6 |  |
| BLEEDING | 7 |  |
| HEADACHES | 8 |  |
| SEVERE ALLERGIC REACTION OR ANAPHYLAXIS | 9 |  |
| JAUNDICE | 10 |  |
| BLURRY VISION | 11 |  |
| CONSTIPATION | 12 |  |
| URINATION PROBLEMS | 13 |  |
| DROOLING/TOO MUCH SALIVA | 14 |  |
| DRY MOUTH | 15 |  |
| SLEEP PROBLEMS | 16 |  |
| HEART FLUTTERS | 17 |  |
| LIGHTHEADEDNESS, DIZZINESS | 18 |  |
| NAUSEA | 19 |  |
| VOMITING | 20 |  |
| WEIGHT GAIN | 21 |  |
| WEIGHT LOSS | 22 |  |
| FEELING RESTLESS OR JITTERY, CANNOT SIT STILL | 23 |  |
| MUSCLE STIFFNESS | 24 |  |
| SHAKING OR MUSCLE TREMBLING | 25 |  |
| SLOWNESS, TROUBLE GETTING MOVING | 26 |  |
| OTHER | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| New |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **RX\_SIDE\_EFFECT\_TYPE**= ANY COMBINATION OF 1 - 26, GO TO **RX\_MED\_SYMP\_GONE.** * IF **RX\_SIDE\_EFFECT\_TYPE**= -5 OR ANY COMBINATION OF 1 - 26 AND -5, GO TO **RX\_SIDE\_EFFECT\_TYPE\_OTH.** * IF **RX\_SIDE\_EFFECT\_TYPE**= -1 OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES AND GO TO **​RX\_MED\_SYMP\_GONE.** |

**MED12000/(RX\_SIDE\_EFFECT\_TYPE\_OTH).** SPECIFY:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| New |

**MED13000/(RX\_MED\_SYMP\_GONE).** Have any of the symptoms previously described gone away?

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

|  |
| --- |
| SOURCE |
| New |

**MED14000/(RXMED\_STOP).** Has {C\_FNAME/the child} stopped using this medication?

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

|  |
| --- |
| SOURCE |
| New |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **RXMED\_STOP**= 1, GO TO **RXMED\_STOP\_REAS.** * IF **RXMED\_STOP**= 2, -1 OR -2, AND    + IF NUMBER OF LOOPS = NUMBER OF PRESCRIPTION MEDICATIONS LISTED IN **PRESCRMED**, GO TO **MED16000.**   + IF NUMBER OF LOOPS < NUMBER OF PRESCRIPTION MEDICATIONS LISTED IN **PRESCRMED**, GO TO **​MED05000.** |

**MED15000/(RXMED\_STOP\_REAS).** Why has {C\_FNAME/the child} stopped using this medication?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Finished prescribed course | 1 |  |
| I felt the child didn’t need it any longer | 2 |  |
| The health care professional felt that the child didn’t need it any longer | 3 |  |
| I decided to stop because the child was having problems with it | 4 |  |
| The health care professional decided to stop because the child was having problems with it | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| New |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF NUMBER OF LOOPS = NUMBER OF PRESCRIPTION MEDICATIONS LISTED IN **PRESCRMED**, GO TO **MED16000.** * IF NUMBER OF LOOPS < NUMBER OF PRESCRIPTION MEDICATIONS LISTED IN **PRESCRMED**, GO TO **​MED05000.** |

**MED16000.** Now I’d like to ask about non-prescription medications and over-the-counter medications that {C\_FNAME/the child} may have taken in the last 30 days.

|  |
| --- |
| SOURCE |
| ​National Health and Nutrition Examination Survey 2005 (modified) |

**MED17000/(OTC\_TAKE).** In the past 30 days, has {C\_FNAME/the child} used or taken any non-prescription medicines, including vitamins, minerals, herbals, and dietary supplements?  Include only those products purchased over the counter that do not require a prescription.

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

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination Survey 2005 (modified) |

**MED18000/(OTCMED).** Please list the name of all non-prescription medicines taken by {C\_FNAME/the child} in the past 30 days:

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

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * ENTER ALL MEDICATIONS IN FIELD SEPARATED BY COMMAS OR “AND”. * ENTER UP TO 10 MEDICATIONS; IF MORE THAN 10 MEDICATIONS PROVIDED, ENTER FIRST 10 PROVIDED BY ADULT CAREGIVER. * PROBE: “Anything else?” |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| REFUSED | -1 | TIME\_STAMP\_MED\_ET |
| DON'T KNOW | -2 | TIME\_STAMP\_MED\_ET |

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination Survey 2005 (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF MORE THAN ONE NON-PRESCRIPTION MEDICATION LISTED, LOOP THROUGH**MED19000, MED18000, OTCMED\_COND, OTCMED\_TIME, OTCMED\_12MO, OTC\_BENEFITS, OTC\_SIDE\_EFFECT, OTC\_SIDE\_EFFECT\_TYPE, OTC\_SIDE\_EFFECT\_TYPE\_OTH**(IF **OTC\_SIDE\_EFFECT\_TYPE**= -5), **OTC\_SYMP\_GONE, OTC\_STOP,**AND **​OTC\_STOP\_REASON** UNTIL NUMBER OF LOOPS = NUMBER OF NON-PRESCRIPTION MEDICATIONS LISTED IN **OTCMED**. |

**MED19000.** First, let’s talk about **{OTCMED\_1}.**

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY FIRST NON-PRESCRIPTION MEDICATION LISTED IN **OTCMED**AS "OTCMED\_1" * GO TO **​OTCMED\_COND.** |

**MED20000.** Now let’s talk about **{OTCMED\_2\_10}**.

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY APPROPRIATE NON-PRESCRIPTION MEDICATION LISTED IN **OTCMED** AS "OTCMED\_2\_10" FOR EACH LOOP (E.G., IF SECOND LOOP, DISPLAY SECOND NON-PRESCRIPTION MEDICATION LISTED IN **OTCMED**). |

**MED21000/(OTCMED\_COND).** What condition is this over-the-counter medication used to treat?

CONDITION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| New |

**MED22000/(OTCMED\_TIME).** How long has {C\_FNAME/the child} taken this non-prescription medicine?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| 0-14 days | 1 |  |
| 15-30 days | 2 |  |
| More than 30 days | 3 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Health and Nutrition Examination Survey 2005 (modified) |

**MED23000/(OTCMED\_12MO).** Is this medication taken for a condition that has lasted or is expected to last for at least 12 months?

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

|  |
| --- |
| SOURCE |
| State and Local Area Integrated Telephone Survey National Survey of Child Health (modified) |

**MED24000/(OTC\_BENEFITS).** What benefits do you observe from {C\_FNAME/the child} taking this medication?

BENEFITS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| New |

**MED25000/(OTC\_SIDE\_EFFECT).** Since taking this medication, has {C\_FNAME/the child} experienced any side effects that you believe were caused by this medication?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 | OTC\_STOP |
| REFUSED | -1 | OTC\_STOP |
| DON'T KNOW | -2 | OTC\_STOP |

|  |
| --- |
| SOURCE |
| New |

**MED26000/(OTC\_SIDE\_EFFECT\_TYPE).** What side effects did {C\_FNAME/the child} experience?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD. * IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS. * PROBE: Any others? * SELECT ALL THAT APPLY. |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| SKIN RASH | 1 |  |
| ITCHING | 2 |  |
| FEELING/BEING SICK | 3 |  |
| BREATHING DIFFICULTIES | 4 |  |
| EFFECTS ON DIGESTION (E.G. DIARRHEA) | 5 |  |
| BLOOD DISORDER | 6 |  |
| BLEEDING | 7 |  |
| HEADACHES | 8 |  |
| SEVERE ALLERGIC REACTION OR ANAPHYLAXIS | 9 |  |
| JAUNDICE | 10 |  |
| BLURRY VISION | 11 |  |
| CONSTIPATION | 12 |  |
| URINATION PROBLEMS | 13 |  |
| DROOLING/TOO MUCH SALIVA | 14 |  |
| DRY MOUTH | 15 |  |
| SLEEP PROBLEMS | 16 |  |
| HEART FLUTTERS | 17 |  |
| LIGHTHEADEDNESS, DIZZINESS | 18 |  |
| NAUSEA | 19 |  |
| VOMITING | 20 |  |
| WEIGHT GAIN | 21 |  |
| WEIGHT LOSS | 22 |  |
| FEELING RESTLESS OR JITTERY, CANNOT SIT STILL | 23 |  |
| MUSCLE STIFFNESS | 24 |  |
| SHAKING OR MUSCLE TREMBLING | 25 |  |
| SLOWNESS, TROUBLE GETTING MOVING | 26 |  |
| OTHER | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| New |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **OTC\_SIDE\_EFFECT\_TYPE**= ANY COMBINATION OF 1 - 26, GO TO **OTC\_SYMP\_GONE.** * IF **OTC\_SIDE\_EFFECT\_TYPE**= -5 OR ANY COMBINATION OF 1 - 26 AND -5, GO TO **OTC\_SIDE\_EFFECT\_TYPE\_OTH.** * IF **OTC\_SIDE\_EFFECT\_TYPE**= -1 OR -2, DO NOT ALLOW SELECTION OF ADDITIONAL RESPONSES AND GO TO **OTC\_SYMP\_GONE.** |

**MED27000/(OTC\_SIDE\_EFFECT\_TYPE\_OTH).** SPECIFY  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| New |

**MED28000/(OTC\_SYMP\_GONE).** Have any of the symptoms previously described gone away?

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

|  |
| --- |
| SOURCE |
| New |

**MED29000/(OTC\_STOP).** Has {C\_FNAME/the child} stopped using this medication?

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

|  |
| --- |
| SOURCE |
| New |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **OTC\_STOP** = 1, GO TO **OTC\_STOP\_REASON.** * IF **OTC\_STOP**= 2, -1 OR -2, AND    + IF NUMBER OF LOOPS = NUMBER OF NON-PRESCRIPTION MEDICATIONS LISTED IN **OTCMED**, GO TO **TIME\_STAMP\_MED\_ET.**   + IF NUMBER OF LOOPS < NUMBER OF NON-PRESCRIPTION MEDICATIONS LISTED IN **OTCMED**, GO TO **MED20000.** |

**MED30000/(OTC\_STOP\_REASON).** Why has {C\_FNAME/the child} stopped using this medication?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| I felt the child didn’t need it any longer | 1 |  |
| The health care professional felt that the child didn’t need it any longer | 2 |  |
| I decided to stop because the child was having problems with it | 3 |  |
| The health care professional decided to stop because the child was having problems with it | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| New |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF NUMBER OF LOOPS = NUMBER OF NON-PRESCRIPTION MEDICATIONS LISTED IN **OTCMED,** GO TO **TIME\_STAMP\_MED\_ET.** * IF NUMBER OF LOOPS < NUMBER OF NON-PRESCRIPTION MEDICATIONS LISTED IN **OTCMED,** GO TO **MED20000.** |

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

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

SLEEP ROUTINE– (EVERY 6M)

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

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

**SR01000.** Now I would like to ask you a few questions about {C\_FNAME/the child}’s sleeping habits.  {When responding to the questions in this section, please think about the responses in relation to {C\_FNAME/the child}’s primary address, which is the place where {he/she} spends most of the time.}

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF NECESSARY, REMIND THE ADULT CAREGIVER THAT THE RESPONSES TO THIS SECTION SHOULD BE IN REFERENCE TO THE CHILD’S PRIMARY RESIDENCE, THE PLACE WHERE THE CHILD SPENDS MOST OF HIS OR HER. |

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard Phase (Core) (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **SEC\_RES**​= 1, DISPLAY BRACKETED TEXT. |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **SEC\_RES**​= 1, DISPLAY BRACKETED TEXT. |

**SR02000/(SLEEP\_HRS\_NIGHT).** Approximately how many hours does {C\_FNAME/the child} sleep at night?

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

HOURS

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

|  |
| --- |
| SOURCE |
| Avon Longitudinal Survey of Parents And Children My Young Baby Girl Questionnaire (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY HARD EDIT IF **SLEEP\_HRS\_NIGHT**+ **SLEEP\_HRS\_DAY**​> 24. |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY HARD EDIT IF **SLEEP\_HRS\_NIGHT**+ **SLEEP\_HRS\_DAY**​> 24. |

**SR03000/(SLEEP\_HRS\_DAY).** Approximately how many hours does {C\_FNAME/the child} sleep during the day?

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

 HOURS

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF NONE, ENTER "00." |

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

|  |
| --- |
| SOURCE |
| Avon Longitudinal Survey of Parents And Children My Young Baby Girl Questionnaire (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY HARD EDIT IF **SLEEP\_HRS\_DAY**​> 24. |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY HARD EDIT IF **SLEEP\_HRS\_DAY**​> 24. |

**SR04000.** On a normal day, what time in the evening does {C\_FNAME/the child} go to sleep?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * ENTER TIME IN HOURS AND MINUTES. * THEN SELECT “AM” OR “PM”. |

|  |
| --- |
| SOURCE |
| Avon Longitudinal Survey of Parents And Children My Young Baby Girl Questionnaire (modified) |

**(SLEEP\_TIME\_NIGHT)**

|\_\_\_|\_\_\_|:|\_\_\_|\_\_\_|

            TIME

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

**(SLEEP\_TIME\_NIGHT\_UNIT)**

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| AM | 1 |  |
| PM | 2 |  |
| REFUSED | -1 |  |

**SR05000.** On a normal day, what time does {C\_FNAME/the child} wake up in the morning?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * ENTER TIME IN HOURS AND MINUTES. * THEN SELECT “AM” OR “PM”. |

|  |
| --- |
| SOURCE |
| Avon Longitudinal Survey of Parents And Children My Young Baby Girl Questionnaire (modified) |

**(SLEEP\_TIME\_WAKE)**

|\_\_\_|\_\_\_|:|\_\_\_|\_\_\_|

            TIME

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

**(SLEEP\_TIME\_WAKE\_UNIT)**

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| AM | 1 |  |
| PM | 2 |  |
| REFUSED | -1 |  |

**SR06000/(SLEEP\_DIFFICULT).** How often is {C\_FNAME/the child} difficult when {he/she} is put to bed?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Most of the time | 1 |  |
| Often | 2 |  |
| Sometimes | 3 |  |
| Rarely | 4 |  |
| Never | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Avon Longitudinal Survey of Parents And Children My Young Baby Girl Questionnaire (modified) |

**SR07000/(SLEEP\_THROUGH).** How often does {C\_FNAME/the child} wake at night?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Never | 1 |  |
| Occasionally | 2 |  |
| Most nights | 3 |  |
| Once per night | 4 |  |
| More than once per night | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Avon Longitudinal Survey of Parents And Children My Young Baby Girl Questionnaire (modified) |

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

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

CONCERN ABOUT CHILD’S DEVELOPMENT – (EVERY 6M)

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

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

**CAC01000.** Now I would like to ask some questions about {C\_FNAME/the child}’s development.  Sometimes [parents/caregivers]  have concerns about their children.  Are you concerned about your child’s development?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * USE “parents” OR “caregivers” AS APPROPRIATE. |

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

|  |
| --- |
| SOURCE |
| National Children’s Study, Vanguard Phase (Core) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **CAC01000** = 1 THEN GO TO **CAC02000/(CONCERN\_SPEECH).** * IF **CAC01000** ≠ 1 THEN GO TO **(TIME\_STAMP\_CAC\_ET).** |

**CAC02000/(CONCERN\_SPEECH).** How {C\_FNAME/the child} talks and makes speech sounds?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| A LOT | 1 |  |
| A LITTLE | 2 |  |
| NOT AT ALL | 3 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| State and Local Area Integrated Telephone Survey (SLAITS) National Survey of Early Childhood Health 2011 |

**CAC03000/(CONCERN\_UNDERSTAND).** How {C\_FNAME/the child} understands what you say?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * ​RE-READ INTRODUCTORY STATEMENT (Sometimes parents have concerns about their children. Are you concerned a lot, a little, or not at all about:) AS NEEDED. |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| A LOT | 1 |  |
| A LITTLE | 2 |  |
| NOT AT ALL | 3 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| State and Local Area Integrated Telephone Survey (SLAITS) National Survey of Early Childhood Health 2011 |

**CAC04000/(CONCERN\_HANDS).** How {C\_FNAME/the child} uses {his/her} hands and fingers to do things?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (Sometimes parents have concerns about their children. Are you concerned a lot, a little, or not at all about:) AS NEEDED. |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| A LOT | 1 |  |
| A LITTLE | 2 |  |
| NOT AT ALL | 3 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| State and Local Area Integrated Telephone Survey (SLAITS) National Survey of Early Childhood Health 2011 |

**CAC05000/(CONCERN\_ARMS).** How {C\_FNAME/the child} uses {his/her} arms and legs?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (Sometimes parents have concerns about their children. Are you concerned a lot, a little, or not at all about:) AS NEEDED. |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| A LOT | 1 |  |
| A LITTLE | 2 |  |
| NOT AT ALL | 3 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| State and Local Area Integrated Telephone Survey (SLAITS) National Survey of Early Childhood Health 2011 |

**CAC06000/(CONCERN\_GETALONG).** How {C\_FNAME/the child} gets along with others?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (Sometimes parents have concerns about their children. Are you concerned a lot, a little, or not at all about:) AS NEEDED. |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| A LOT | 1 |  |
| A LITTLE | 2 |  |
| NOT AT ALL | 3 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Survey of Early Childhood Health and the National Survey of Child with Special Health Care Needs |

**CAC07000/(CONCERN\_EAT).** {C\_FNAME’s/the child} eating habits?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (Sometimes parents have concerns about their children. Are you concerned a lot, a little, or not at all about:) AS NEEDED. |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| A LOT | 1 |  |
| A LITTLE | 2 |  |
| NOT AT ALL | 3 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| New |

**CAC08000/(CONCERN\_GROWTH).** C\_FNAME’s/the child} growth?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (Sometimes parents have concerns about their children. Are you concerned a lot, a little, or not at all about:) AS NEEDED. |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| A LOT | 1 |  |
| A LITTLE | 2 |  |
| NOT AT ALL | 3 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| New |

**CAC07000/(CONCERN\_HEAR).** {C\_FNAME’s/the child} hearing?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (Sometimes parents have concerns about their children. Are you concerned a lot, a little, or not at all about:) AS NEEDED. |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| A LOT | 1 |  |
| A LITTLE | 2 |  |
| NOT AT ALL | 3 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| New |

**CAC07000/(CONCERN\_VISION).** {C\_FNAME’s/the child} vision?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (Sometimes parents have concerns about their children. Are you concerned a lot, a little, or not at all about:) AS NEEDED. |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| A LOT | 1 |  |
| A LITTLE | 2 |  |
| NOT AT ALL | 3 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| New |

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

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