



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
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Multiple Child/Sibling Consideration:	Per Child
Special Considerations:	N/A
Version:	1.0
MDES Release:	4.0

*This instrument is OMB-approved for multi-mode administration but this version of the instrument is designed for administration in this/these mode(s) only.

Public reporting burden for this collection of information is estimated to average 18 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0593*). Do not return the completed form to this address.

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Core Questionnaire - Child

TABLE OF CONTENTS

GENERAL PROGRAMMER INSTRUCTIONS:.....	1
CHILD CARE / DAY CARE ARRANGEMENTS – (EVERY 6M).....	3
VIEWING OF MEDIA/READING BOOKS – (EVERY 6M).....	18
PROGRAM PARTICIPATION (ANNUAL – 6M, 18M, 30M, 42M, 54M).....	23
HEALTH INSURANCE (ANNUAL – 6M, 18M, 30M, 42M, 54M).....	25
HEALTH CARE UTILIZATION/ACCESS - (ANNUAL – 6M, 18M, 30M, 42M, 54M).....	30
GENERAL HEALTH – (EVERY 6M).....	39
MEDICAL CONDITIONS – GENERAL - (ANNUAL – 12M, 24M, 36M, 48M, 60M).....	41
MEDICAL CONDITIONS – ASTHMA & ECZEMA – (EVERY 6M).....	50
WELL CHILD CARE/VACCINATIONS - (ANNUAL – 12M, 24M, 36M, 48M, 60M).....	55
EMERGENCY ROOM/URGENT CARE VISITS - (ANNUAL – 12M, 24M, 36M, 48M, 60M).....	65
HOSPITALIZATIONS - (ANNUAL – 12M, 24M, 36M, 48M, 60M).....	72
MEDICATIONS – (EVERY 6M).....	78
SLEEP ROUTINE– (EVERY 6M).....	89
CONCERN ABOUT CHILD’S DEVELOPMENT – (EVERY 6M).....	93

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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	<ul style="list-style-type: none"> Limit text to 255 characters
FIRST NAME AND LAST NAME	30	CHARACTER	<ul style="list-style-type: none"> Limit text to 30 characters
ALL ID FIELDS	36	CHARACTER	
ZIP CODE	5	NUMERIC	
ZIP CODE LAST FOUR	4	NUMERIC	
CITY	50	CHARACTER	
DOB AND ALL OTHER DATE FIELDS (E.G., DT, DATE, ETC.)	10	NUMERIC CHARACTER	<ul style="list-style-type: none"> DISPLAY AS MM/DD/YYYY STORE AS YYYY-MM-DD HARD EDITS: MM MUST EQUAL 01 TO 12 DD MUST EQUAL 01 TO 31 YYYY MUST BE BETWEEN 1900 AND CURRENT YEAR.
TIME VARIABLES	TWO-DIGIT HOUR AND TWO-DIGIT MINUTE, AM/PM DESIGNATION	NUMERIC	<ul style="list-style-type: none"> HARD EDITS: HOURS MUST BE BETWEEN 00 AND 12; MINUTES MUST BE BETWEEN 00 AND 59

Instrument Guidelines for Participant and Respondent IDs:

PRENATALLY, THE **P_ID** IN THE MDES HEADER IS THAT OF THE PARTICIPANT (E.G. THE NON-PREGNANT WOMAN, PREGNANT WOMAN, OR THE FATHER).

POSTNATALLY, A RESPONDENT ID WILL BE USED IN ADDITION TO THE PARTICIPANT ID BECAUSE SOMEBODY OTHER THAN THE PARTICIPANT MAY BE COMPLETING THE INTERVIEW. FOR EXAMPLE, THE PARTICIPANT MAY BE THE CHILD AND THE RESPONDENT MAY BE THE MOTHER, FATHER, OR ANOTHER CAREGIVER.

THEREFORE, MDES VERSION 2.2 AND ALL FUTURE VERSIONS CONTAIN A **R_P_ID** (RESPONDENT PARTICIPANT ID) HEADER FIELD FOR EACH POST-BIRTH INSTRUMENT. THIS WILL ALLOW ROCs TO INDICATE WHETHER THE RESPONDENT IS SOMEBODY OTHER THAN THE PARTICIPANT ABOUT WHOM THE QUESTIONS ARE BEING ASKED.

A REMINDER:

ALL RESPONDENTS MUST BE CONSENTED AND HAVE RECORDS IN THE PERSON, PARTICIPANT, PARTICIPANT_CONSENT AND LINK_PERSON_PARTICIPANT TABLES, WHICH CAN BE PRELOADED INTO EACH INSTRUMENT. ADDITIONALLY, IN POST-BIRTH QUESTIONNAIRES WHERE THERE IS THE ABILITY TO LOOP THROUGH A SET OF QUESTIONS FOR MULTIPLE CHILDREN, IT IS IMPORTANT TO CAPTURE AND STORE THE CORRECT CHILD **P_ID** ALONG WITH THE LOOP INFORMATION. IN THE MDES VARIABLE LABEL/DEFINITION COLUMN, THIS IS INDICATED AS FOLLOWS: **EXTERNAL IDENTIFIER: PARTICIPANT ID FOR CHILD DETAIL.**

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

(TIME_STAMP_CC_ST).

PROGRAMMER INSTRUCTIONS
<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • 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	

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

SOURCE
New

CC07000/(CENTER_BASE_CARE). Center-based child care?

INTERVIEWER INSTRUCTIONS
<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> 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	

Label	Code	Go To
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

SOURCE

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
<ul style="list-style-type: none"> • 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.

VOMXXXX/(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,

INTERVIEWER INSTRUCTIONS

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:
 - o IF **INS_EMPLOY** = 1, DISPLAY, "Insurance through an employer or union".
 - o IF **INS_SELF** = 1 DISPLAY, "Insurance purchased directly from an insurance company."
 - o IF **INS_MEDICAID** = 1, DISPLAY "Medicaid or any government-assistance plan".
 - o IF **INS_TRICARE** = 1, DISPLAY "TRICARE, VA, or other military health care".
 - o IF **INS_IHS** = 1, DISPLAY "Indian Health Service".
 - o IF **INS_MEDICARE** =1, DISPLAY "Medicare".
 - o IF **INS_OTHER** = 1, DISPLAY "Another type of health plan"
 - o 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	

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

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	

Label	Code	Go To
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	

Label	Code	Go To
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
<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> 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	

Label	Code	Go To
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

PROGRAMMER INSTRUCTIONS

- 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	

Label	Code	Go To
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	

Label	Code	Go To
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	

Label	Code	Go To
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	

Label	Code	Go To
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
 - o IF NUMBER OF LOOPS = HOSP_VISIT_NUM, GO TO TIME_STAMP_HOS_ET.
 - o 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).

PROGRAMMER INSTRUCTIONS

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	

Label	Code	Go To
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,

PROGRAMMER INSTRUCTIONS

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	

Label	Code	Go To
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
 - o IF NUMBER OF LOOPS = NUMBER OF PRESCRIPTION MEDICATIONS LISTED IN PRESCRMED, GO TO MED16000.
 - o 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	

Label	Code	Go To
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	

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

SOURCE
New

PROGRAMMER INSTRUCTIONS
<ul style="list-style-type: none"> • 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
 - o IF NUMBER OF LOOPS = NUMBER OF NON-PRESCRIPTION MEDICATIONS LISTED IN **OTCMED**, GO TO **TIME_STAMP_MED_ET**.
 - o 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