

48M Questionnaire - Child

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| --- | --- |
| Event Category: | Time-Based |
| Event: | 48M |
| Administration: | N/A |
| Instrument Target: | Child |
| Instrument Respondent: | Primary Caregiver |
| Domain: | Questionnaire |
| Document Category: | Questionnaire |
| Method: | Data Collector Administered |
| Mode (for this instrument\*): | In-Person, CAI;Phone, CAI |
| OMB Approved Modes: | In-Person, CAI;Phone, CAI;Web-Based, CAI |
| Estimated Administration Time: | 8 minutes |
| Multiple Child/Sibling Consideration: | Per Child |
| Special Considerations: | N/A |
| Version: | 1.0 |
| MDES Release: | 4.0 |

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

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48M Questionnaire - Child

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48M Questionnaire - Child

GENERAL PROGRAMMER INSTRUCTIONS:

WHEN PROGRAMMING INSTRUMENTS, VALIDATE FIELD LENGTHS AND TYPES AGAINST THE MDES TO ENSURE DATA COLLECTION RESPONSES DO NOT EXCEED THOSE OF THE MDES. SOME GENERAL ITEM LIMITS USED ARE AS FOLLOWS:

|  |  |  |  |
| --- | --- | --- | --- |
| **DATA ELEMENT FIELDS** | **MAXIMUM CHARACTERS PERMITTED** | **DATA TYPE** | **PROGRAMMER INSTRUCTIONS** |
| ADDRESS AND EMAIL FIELDS | 100 | CHARACTER |  |
| UNIT AND PHONE FIELDS | 10 | CHARACTER |  |
| \_OTH AND COMMENT FIELDS | 255 | CHARACTER | * Limit text to 255 characters
 |
| FIRST NAME AND LAST NAME | 30 | CHARACTER | * Limit text to 30 characters
 |
| ALL ID FIELDS | 36 | CHARACTER |  |
| ZIP CODE | 5 | NUMERIC |  |
| ZIP CODE LAST FOUR | 4 | NUMERIC |  |
| CITY | 50 | CHARACTER |  |
| DOB AND ALL OTHER DATE FIELDS (E.G., DT, DATE, ETC.) | 10 | NUMERICCHARACTER | * DISPLAY AS MM/DD/YYYY
* STORE AS YYYY-MM-DD
* HARD EDITS:

MM MUST EQUAL 01 TO 12DD MUST EQUAL 01 TO 31YYYY MUST BE BETWEEN 1900 AND CURRENT YEAR. |
| TIME VARIABLES | TWO-DIGIT HOUR AND TWO-DIGIT MINUTE, AM/PM DESIGNATION | NUMERIC | * HARD EDITS:

HOURS MUST BE BETWEEN 00 AND 12; MINUTES MUST BE BETWEEN 00 AND 59 |

**Instrument Guidelines for Participant and Respondent IDs:**

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

 POSTNATALLY, A RESPONDENT ID WILL BE USED IN ADDITION TO THE PARTICIPANT ID BECAUSE SOMEBODY OTHER THAN THE PARTICIPANT MAY BE COMPLETING THE INTERVIEW. FOR EXAMPLE, THE PARTICIPANT MAY BE THE CHILD AND THE RESPONDENT MAY BE THE MOTHER, FATHER, OR ANOTHER CAREGIVER. THEREFORE, MDES VERSION 2.2 AND ALL FUTURE VERSIONS CONTAIN A **R\_P\_ID** (RESPONDENT PARTICIPANT ID) HEADER FIELD FOR EACH POST-BIRTH INSTRUMENT. THIS WILL ALLOW ROCs TO INDICATE WHETHER THE RESPONDENT IS SOMEBODY OTHER THAN THE PARTICIPANT ABOUT WHOM THE QUESTIONS ARE BEING ASKED.

**A REMINDER:**

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

PARENTING

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP
* PRELOAD PARTICIPANT ID (**P\_ID**) FOR CHILD AND RESPONDENT ID (**R\_P\_ID**) FOR ADULT CAREGIVER.
* PRELOAD FIRST NAME OF CHILD (**C\_FNAME**) FROM  PARTICIPANT VERIFICATION, SCHEDULING, & TRACING QUESTIONNAIRE (**INSTRUMENT\_ID** = XX) AND DISPLAY APPROPRIATE NAME IN “C\_FNAME” THROUGHOUT THE INSTRUMENT.
* OTHERWISE, IF **C\_FNAME** = -1 OR -2, DISPLAY “the child” IN APPROPRIATE FIELDS THROUGHOUT THE INSTRUMENT.
* PRELOAD **CHILD\_SEX** FROM PARTICIPANT VERIFICATION, SCHEDULING, & TRACING QUESTIONNAIRE (**INSTRUMENT\_ID** = XX).
* IF **CHILD\_SEX** = 1, DISPLAY “his”, “he”, OR “himself” IN APPROPRIATE FIELDS THROUGHOUT INSTRUMENT.
* IF **CHILD\_SEX**= 2, DISPLAY “her”, “she”, OR “herself” IN APPROPRIATE FIELDS THROUGHOUT INSTRUMENT.
 |

**PAR01000.** Now I would like to ask you some questions about things you may do with {C\_FNAME/the child}.  Please tell me how many days you do each of these activities in a typical week.  How many days a week do you….

|  |
| --- |
| SOURCE |
| The Fragile Families and Child Wellbeing Study (Mother’s 3-Year Follow-Up Survey) Public Use Version, May 2008Current: National Children’s Study, Vanguard Phase (30M) |

**PAR02000/(SING).** Sing songs or nursery rhymes with {C\_FNAME/the child}?

|  |
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| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
* RE-READ INTRODUCTORY STATEMENT (How many days a week do you…) AS NEEDED.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NEVER/LESS THAN ONE DAY PER WEEK | 0 |  |
| 1 DAY PER WEEK | 1 |  |
| 2 DAYS PER WEEK | 2 |  |
| 3 DAYS PER WEEK | 3 |  |
| 4 DAYS PER WEEK | 4 |  |
| 5 DAYS PER WEEK | 5 |  |
| 6 DAYS PER WEEK | 6 |  |
| 7 DAYS PER WEEK | 7 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| The Fragile Families and Child Wellbeing Study (Mother’s 3-Year Follow-Up Survey) Public Use Version, May 2008 (modified)Current: National Children’s Study, Vanguard Phase (30M) |

**PAR03000/(HUG).** Hug or show physical affection to {C\_FNAME/the child}?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
* RE-READ INTRODUCTORY STATEMENT (How many days a week do you…) AS NEEDED.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NEVER/LESS THAN ONE DAY PER WEEK | 0 |  |
| 1 DAY PER WEEK | 1 |  |
| 2 DAYS PER WEEK | 2 |  |
| 3 DAYS PER WEEK | 3 |  |
| 4 DAYS PER WEEK | 4 |  |
| 5 DAYS PER WEEK | 5 |  |
| 6 DAYS PER WEEK | 6 |  |
| 7 DAYS PER WEEK | 7 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| The Fragile Families and Child Wellbeing Study (Mother’s 3-Year Follow-Up Survey) Public Use Version, May 2008 (modified)Current: National Children’s Study, Vanguard Phase (30M) |

**PAR04000/(TELL\_LOVE).** Tell {C\_FNAME/the child} that you love {him/her}?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
* RE-READ INTRODUCTORY STATEMENT (How many days a week do you…) AS NEEDED.
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| 5 DAYS PER WEEK | 5 |  |
| 6 DAYS PER WEEK | 6 |  |
| 7 DAYS PER WEEK | 7 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
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**PAR05000/(HELP\_CHORES).** Let {C\_FNAME/the child} help you with simple household chores?

|  |
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| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
* RE-READ INTRODUCTORY STATEMENT (How many days a week do you…) AS NEEDED.
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| 6 DAYS PER WEEK | 6 |  |
| 7 DAYS PER WEEK | 7 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

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**PAR06000/(PLAY\_GAMES).** Play imaginary games with {C\_FNAME/the child}?

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| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
* RE-READ INTRODUCTORY STATEMENT (How many days a week do you…) AS NEEDED.
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| NEVER/LESS THAN ONE DAY PER WEEK | 0 |  |
| 1 DAY PER WEEK | 1 |  |
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| 4 DAYS PER WEEK | 4 |  |
| 5 DAYS PER WEEK | 5 |  |
| 6 DAYS PER WEEK | 6 |  |
| 7 DAYS PER WEEK | 7 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
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| SOURCE |
| The Fragile Families and Child Wellbeing Study (Mother’s 3-Year Follow-Up Survey) Public Use Version, May 2008 (modified)Current: National Children’s Study, Vanguard Phase (30M) |

**PAR07000/(READ\_STORIES).** Read stories to {C\_FNAME/the child}?

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| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
* RE-READ INTRODUCTORY STATEMENT (How many days a week do you…) AS NEEDED.
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| NEVER/LESS THAN ONE DAY PER WEEK | 0 |  |
| 1 DAY PER WEEK | 1 |  |
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| 3 DAYS PER WEEK | 3 |  |
| 4 DAYS PER WEEK | 4 |  |
| 5 DAYS PER WEEK | 5 |  |
| 6 DAYS PER WEEK | 6 |  |
| 7 DAYS PER WEEK | 7 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
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| SOURCE |
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**PAR08000/(TELL\_STORIES).** Tell stories to {C\_FNAME/the child}?

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| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
* RE-READ INTRODUCTORY STATEMENT (How many days a week do you…) AS NEEDED.
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| NEVER/LESS THAN ONE DAY PER WEEK | 0 |  |
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| 5 DAYS PER WEEK | 5 |  |
| 6 DAYS PER WEEK | 6 |  |
| 7 DAYS PER WEEK | 7 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
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| The Fragile Families and Child Wellbeing Study (Mother’s 3-Year Follow-Up Survey) Public Use Version, May 2008 (modified)Current: National Children’s Study, Vanguard Phase (30M) |

**PAR09000/(PLAY\_TOYS).** Play inside with toys such as blocks or legos with {C\_FNAME/the child}?

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| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
* RE-READ INTRODUCTORY STATEMENT (How many days a week do you…) AS NEEDED.
 |

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| NEVER/LESS THAN ONE DAY PER WEEK | 0 |  |
| 1 DAY PER WEEK | 1 |  |
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| 3 DAYS PER WEEK | 3 |  |
| 4 DAYS PER WEEK | 4 |  |
| 5 DAYS PER WEEK | 5 |  |
| 6 DAYS PER WEEK | 6 |  |
| 7 DAYS PER WEEK | 7 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
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| SOURCE |
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**PAR10000/(TELL\_APPREC).** Tell {C\_FNAME/the child} that you appreciated something {he/she} did?

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| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
* RE-READ INTRODUCTORY STATEMENT (How many days a week do you…) AS NEEDED.
 |

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| --- | --- | --- |
| Label | Code | Go To |
| NEVER/LESS THAN ONE DAY PER WEEK | 0 |  |
| 1 DAY PER WEEK | 1 |  |
| 2 DAYS PER WEEK | 2 |  |
| 3 DAYS PER WEEK | 3 |  |
| 4 DAYS PER WEEK | 4 |  |
| 5 DAYS PER WEEK | 5 |  |
| 6 DAYS PER WEEK | 6 |  |
| 7 DAYS PER WEEK | 7 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| The Fragile Families and Child Wellbeing Study (Mother’s 3-Year Follow-Up Survey) Public Use Version, May 2008 (modified)Current: National Children’s Study, Vanguard Phase (30M) |

**PAR11000/(VISIT\_RELATIVES).** Take {C\_FNAME/the child} to visit relatives?

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| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
* RE-READ INTRODUCTORY STATEMENT (How many days a week do you…) AS NEEDED.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NEVER/LESS THAN ONE DAY PER WEEK | 0 |  |
| 1 DAY PER WEEK | 1 |  |
| 2 DAYS PER WEEK | 2 |  |
| 3 DAYS PER WEEK | 3 |  |
| 4 DAYS PER WEEK | 4 |  |
| 5 DAYS PER WEEK | 5 |  |
| 6 DAYS PER WEEK | 6 |  |
| 7 DAYS PER WEEK | 7 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
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**PAR12000/(EAT\_OUT).** Go to a restaurant or out to eat with {C\_FNAME/the child}?

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| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
* RE-READ INTRODUCTORY STATEMENT (How many days a week do you…) AS NEEDED.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NEVER/LESS THAN ONE DAY PER WEEK | 0 |  |
| 1 DAY PER WEEK | 1 |  |
| 2 DAYS PER WEEK | 2 |  |
| 3 DAYS PER WEEK | 3 |  |
| 4 DAYS PER WEEK | 4 |  |
| 5 DAYS PER WEEK | 5 |  |
| 6 DAYS PER WEEK | 6 |  |
| 7 DAYS PER WEEK | 7 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| The Fragile Families and Child Wellbeing Study (Mother’s 3-Year Follow-Up Survey) Public Use Version, May 2008 (modified)Current: National Children’s Study, Vanguard Phase (30M) |

**PAR12100/(ASSIST\_EAT).** Assist {C\_FNAME/the child} with eating?

|  |
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| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
* RE-READ INTRODUCTORY STATEMENT (How many days a week do you…) AS NEEDED.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NEVER/LESS THAN ONE DAY PER WEEK | 0 |  |
| 1 DAY PER WEEK | 1 |  |
| 2 DAYS PER WEEK | 2 |  |
| 3 DAYS PER WEEK | 3 |  |
| 4 DAYS PER WEEK | 4 |  |
| 5 DAYS PER WEEK | 5 |  |
| 6 DAYS PER WEEK | 6 |  |
| 7 DAYS PER WEEK | 7 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| The Fragile Families and Child Wellbeing Study (Mother’s 3-Year Follow-Up Survey) Public Use Version, May 2008 (modified)Current: National Children’s Study, Vanguard Phase (30M) |

**PAR13000/(PUT\_BED).** Put {C\_FNAME/the child} to bed?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
* RE-READ INTRODUCTORY STATEMENT (How many days a week do you…) AS NEEDED.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NEVER/LESS THAN ONE DAY PER WEEK | 0 |  |
| 1 DAY PER WEEK | 1 |  |
| 2 DAYS PER WEEK | 2 |  |
| 3 DAYS PER WEEK | 3 |  |
| 4 DAYS PER WEEK | 4 |  |
| 5 DAYS PER WEEK | 5 |  |
| 6 DAYS PER WEEK | 6 |  |
| 7 DAYS PER WEEK | 7 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| The Fragile Families and Child Wellbeing Study (Mother’s 3-Year Follow-Up Survey) Public Use Version, May 2008 (modified)Current: National Children’s Study, Vanguard Phase (30M) |

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

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

PHYSICAL ACTIVITY

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

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

**PA01000.** These next questions are about {C\_FNAME/the child}’s physical activity.

**PA02000/(MED\_LIMIT\_PA).** Does {C\_FNAME/the child} have any physical or medical condition that affects {his/her} ability to play and be physically active?

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

|  |
| --- |
| SOURCE |
| Preschool-Aged Children’s Physical Activity Questionnaire (Pre-PAQ) (modified) |

**PA03000/(COMPARE\_AGE).** How active would you say {C\_FNAME/the child} is compared with other {girls/boys} {C\_FNAME/the child}’s age?  Would you say:

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| A lot less active | 1 |  |
| Less active | 2 |  |
| The same | 3 |  |
| More active | 4 |  |
| A lot more active | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Preschool-Aged Children’s Physical Activity Questionnaire (Pre-PAQ) (modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **CHILD\_SEX** = 1, DISPLAY "boys".
* IF **CHILD\_SEX** = 2, DISPLAY "girls".
* OTHERWISE, DISPLAY “girls/boys”
 |

**PA04000.** Thinking about yesterday (or the most recent day you were home with child), how much time did {C\_FNAME/the child} spend outdoors in active play?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * ENTER "0 HOURS" AND "00 MINUTES" IF CHILD DID NOT SPEND ANYTIME OUTDOORS IN ACTIVE PLAY YESTERDAY.
 |

|  |
| --- |
| SOURCE |
| Preschool-Aged Children’s Physical Activity Questionnaire (Pre-PAQ) (modified) |

**(OUTDOOR\_YEST\_HRS)** |\_\_\_|

HOURS

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

**(OUTDOOR\_YEST\_MIN)** |\_\_\_|\_\_\_|

MINUTES

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

**PA05000/(WEATHER\_THATDAY).** Thinking about that day, what was the weather like?  Would you say it was…

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Fine to play outdoors | 1 | BACKYARD\_TYPE |
| Too wet to play outdoors | 2 | BACKYARD\_TYPE |
| Too hot or humid to play outdoors | 3 | BACKYARD\_TYPE |
| Too cold to play outdoors | 4 | BACKYARD\_TYPE |
| Another reason it was not suitable to play outdoors, for example, bad air quality | -5 |  |
| REFUSED | -1 | BACKYARD\_TYPE |
| DON'T KNOW | -2 | BACKYARD\_TYPE |

|  |
| --- |
| SOURCE |
| Preschool-Aged Children’s Physical Activity Questionnaire (Pre-PAQ) (modified) |

**PA06000/(WEATHER\_THATDAY\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| Preschool-Aged Children’s Physical Activity Questionnaire (Pre-PAQ) (modified) |

**PA07000/(BACKYARD\_TYPE).** What best describes your backyard or grassy play area in your complex?  Would you say you have

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| No yard or outside area where your children can play | 1 | PA09000 |
| A yard or play area that you share with other residents | 2 |  |
| A private yard where your children can play | 3 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Preschool-Aged Children’s Physical Activity Questionnaire (Pre-PAQ) (modified) |

**PA08000/(BACKYARD\_SIZE).** What best describes the size of your backyard or grassy play area in your complex? Would you say you have a small, medium or large yard or play area?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| A SMALL YARD OR PLAY AREA (UP TO 1/8 ACRE) | 1 |  |
| A MEDIUM-SIZED YARD OR PLAY AREA (1/8 TO ¼ ACRE) | 2 |  |
| A LARGE YARD OR PLAY AREA (GREATER THAN ¼ ACRE) | 3 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Preschool-Aged Children’s Physical Activity Questionnaire (Pre-PAQ) (modified) |

**PA09000.** Do you have access to any of the following facilities within your backyard or home environment?

|  |
| --- |
| SOURCE |
| Preschool-Aged Children’s Physical Activity Questionnaire (Pre-PAQ)  |

**PA10000/(PLAY\_EQUIP\_BACKYARD).** Play equipment like a swing set, slide, or climbing gym?

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

|  |
| --- |
| SOURCE |
| Preschool-Aged Children’s Physical Activity Questionnaire (Pre-PAQ) (modified) |

**PA11000/(POOL\_BACKYARD).** Pool or spa?

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

|  |
| --- |
| SOURCE |
| Preschool-Aged Children’s Physical Activity Questionnaire (Pre-PAQ)  |

**PA12000/(BIKE\_AREA\_BACKYARD).** Area suitable to ride a tricycle, bike or scooter?

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

|  |
| --- |
| SOURCE |
| Preschool-Aged Children’s Physical Activity Questionnaire (Pre-PAQ) (modified) |

**PA14000.** I am going to read several statements.  Please tell me how often the statement applies to you or {C\_FNAME/the child}.

**PA15000/(OUTDOOR\_PLAY\_OFTEN).** {C\_FNAME/The child} plays outside when the weather is suitable.

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NEVER | 1 |  |
| RARELY | 2 |  |
| SOMETIMES | 3 |  |
| OFTEN | 4 |  |
| VERY OFTEN | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Family Health Behavior Scale (modified) |

**PA16000/(PART\_OFTEN\_CAREGIVERS).** {C\_FNAME/The child} participates in physical activity with parents and caregivers.

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NEVER | 1 |  |
| RARELY | 2 |  |
| SOMETIMES | 3 |  |
| OFTEN | 4 |  |
| VERY OFTEN | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Family Health Behavior Scale (modified ) |

**PA17000/(ACTIVE\_DAILY\_30MIN).** {C\_FNAME/The child} is physically active for at least 30 minutes a day.

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NEVER | 1 |  |
| RARELY | 2 |  |
| SOMETIMES | 3 |  |
| OFTEN | 4 |  |
| VERY OFTEN | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Family Health Behavior Scale (modified ) |

**PA18000/(PART\_ORG\_SPORTS).** {C\_FNAME/The child} participates in organized sports.

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NEVER | 1 |  |
| RARELY | 2 |  |
| SOMETIMES | 3 |  |
| OFTEN | 4 |  |
| VERY OFTEN | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Family Health Behavior Scale (modified) |

**PA19000/(PREFER\_INDOOR).** {C\_FNAME/The child} prefers indoor activities over outdoor activities.

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NEVER | 1 |  |
| RARELY | 2 |  |
| SOMETIMES | 3 |  |
| OFTEN | 4 |  |
| VERY OFTEN | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Family Health Behavior Scale (modified) |

**PA20000/(PART\_WITH\_CHILD).** I participate in physical activity with {C\_FNAME/the child}.

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NEVER | 1 |  |
| RARELY | 2 |  |
| SOMETIMES | 3 |  |
| OFTEN | 4 |  |
| VERY OFTEN | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Family Health Behavior Scale (modified) |

**PA21000/(OBSERVE\_PHYS\_ACT).** {C\_FNAME/The child} observes me being physically active.

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NEVER | 1 |  |
| RARELY | 2 |  |
| SOMETIMES | 3 |  |
| OFTEN | 4 |  |
| VERY OFTEN | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Preschool-Aged Children’s Physical Activity Questionnaire (Pre-PAQ) (modified) |

**PA22000/(WORRY\_CHILD\_INJURE).** When {C\_FNAME/the child} plays I worry that {he/she} may injure {himself/herself}.

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NEVER | 1 |  |
| RARELY | 2 |  |
| SOMETIMES | 3 |  |
| OFTEN | 4 |  |
| VERY OFTEN | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Preschool-Aged Children’s Physical Activity Questionnaire (Pre-PAQ) (modified) |

**PA24000/(WORK\_LIMIT\_PLAY).** My work schedule or other commitments limit the time I have to play with {C\_FNAME/the child}.

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD.
* IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NEVER | 1 |  |
| RARELY | 2 |  |
| SOMETIMES | 3 |  |
| OFTEN | 4 |  |
| VERY OFTEN | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Preschool-Aged Children’s Physical Activity Questionnaire (Pre-PAQ) (modified) |

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

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

SUN EXPOSURE

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

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

**SE01000.** These next questions asks about you, {C\_FNAME/the child}, and your views and habits when out in the sun.

|  |
| --- |
| SOURCE |
| Sun Habits Survey |

**SE02000/(HOURS\_SUN\_WEEKDAY).** On average, how long was {C\_FNAME/the child} outdoors in the sun on weekdays between 10 a.m. and 4 p.m. last summer?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| 1 HOUR OR LESS | 1 |  |
| 2 HOURS | 2 |  |
| 3 HOURS | 3 |  |
| 4 HOURS | 4 |  |
| 5 HOURS | 5 |  |
| 6 HOURS | 6 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Sun Habits Survey (modified) |

**SE03000/(HOURS\_SUN\_WEEKEND).** On average, how long was {C\_FNAME/the child} outdoors in the sun on weekends between 10 a.m. and 4 p.m. last summer?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| 1 HOUR OR LESS | 1 |  |
| 2 HOURS | 2 |  |
| 3 HOURS | 3 |  |
| 4 HOURS | 4 |  |
| 5 HOURS | 5 |  |
| 6 HOURS | 6 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Sun Habits Survey (modified) |

**SE04000.** When {C\_FNAME/the child} is outdoors in the sun, how often do you have {C\_FNAME/the child} do each of the following?

|  |
| --- |
| SOURCE |
| Sun Habits Survey (modified) |

**SE05000/(SUN\_SHIRT\_SLEEVES).** Wear a shirt with sleeves?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (“When {C\_FNAME/the child} is outdoors in the sun, how often do you have {C\_FNAME/the child}  …”) AS NEEDED.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| RARELY OR NEVER | 1 |  |
| SOMETIMES | 2 |  |
| USUALLY | 3 |  |
| ALWAYS | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Sun Habits Survey |

**SE06000/(SUN\_SHADE).** Stay in the shade or under an umbrella?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (“When {C\_FNAME/the child} is outdoors in the sun, how often do you have {C\_FNAME/the child}  …”) AS NEEDED.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| RARELY OR NEVER | 1 |  |
| SOMETIMES | 2 |  |
| USUALLY | 3 |  |
| ALWAYS | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Sun Habits Survey |

**SE07000/(SUN\_SUNSCREEN).** Wear sunscreen?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * RE-READ INTRODUCTORY STATEMENT (“When {C\_FNAME/the child} is outdoors in the sun, how often do you have {C\_FNAME/the child}  …”) AS NEEDED.
 |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| RARELY OR NEVER | 1 |  |
| SOMETIMES | 2 |  |
| USUALLY | 3 |  |
| ALWAYS | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Sun Habits Survey |

**SE08000/(APPLY\_SUNSCREEN\_FREQ).** How often do you or {C\_FNAME/the child} apply sunscreen on {him/her} before {he/she} goes to outdoor activities?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| RARELY OR NEVER | 1 |  |
| SOMETIMES | 2 |  |
| USUALLY | 3 |  |
| ALWAYS | 4 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Sun Habits Survey (modified) |

**SE09000/(APPLY\_SUNSCREEN\_TIME).** When do you (or {C\_FNAME/the child}) usually first put sunscreen on?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| First thing in the morning | 1 |  |
| Before going outside | 2 |  |
| After being outside | 3 |  |
| DO NOT APPLY SUNSCREEN | -7 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Sun Habits Survey (modified) |

**SE10000/(CHILD\_NAT\_HAIR\_COLOR).** What is {C\_FNAME/the child}’s natural hair color?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| RED | 1 | CHILD\_EYE\_COLOR |
| BLONDE | 2 | CHILD\_EYE\_COLOR |
| BROWN | 3 | CHILD\_EYE\_COLOR |
| BLACK | 4 | CHILD\_EYE\_COLOR |
| REFUSED | -1 | CHILD\_EYE\_COLOR |
| DON'T KNOW | -2 | CHILD\_EYE\_COLOR |
| OTHER | -5 |  |

|  |
| --- |
| SOURCE |
| Sun Habits Survey (modified) |

**SE10100/(CHILD\_NAT\_HAIR\_COLOR\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| ​Sun Habits Survey (modified) |

**SE11000/(CHILD\_EYE\_COLOR).** What is the color of {C\_FNAME/the child}’s eyes?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| GREEN | 1 | CHILD\_SKIN\_COLOR |
| BLUE | 2 | CHILD\_SKIN\_COLOR |
| HAZEL | 3 | CHILD\_SKIN\_COLOR |
| BROWN | 4 | CHILD\_SKIN\_COLOR |
| BLACK | 5 | CHILD\_SKIN\_COLOR |
| OTHER | -5 |  |
| REFUSED | -1 | CHILD\_SKIN\_COLOR |
| DON'T KNOW | -2 | CHILD\_SKIN\_COLOR |

|  |
| --- |
| SOURCE |
| Sun Habits Survey (modified) |

**SE12000/(CHILD\_EYE\_COLOR\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| Sun Habits Survey (modified) |

**SE13000/(CHILD\_SKIN\_COLOR).** What is the color of {C\_FNAME/the child}’s untanned skin?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Very fair | 1 | TAN\_30MIN\_SUN |
| Fair | 2 | TAN\_30MIN\_SUN |
| Olive | 3 | TAN\_30MIN\_SUN |
| Dark | 4 | TAN\_30MIN\_SUN |
| Very dark | 5 | TAN\_30MIN\_SUN |
| OTHER | -5 |  |
| REFUSED | -1 | TAN\_30MIN\_SUN |
| DON'T KNOW | -2 | TAN\_30MIN\_SUN |

|  |
| --- |
| SOURCE |
| Sun Habits Survey (modified) |

**SE14000/(CHILD\_SKIN\_COLOR\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| Sun Habits Survey (modified) |

**SE15000/(TAN\_30MIN\_SUN).** After being in direct sunlight for more than 30 minutes, does {C\_FNAME/the child} get:

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| A severe burn with blistering | 1 |  |
| A severe burn without blistering | 2 |  |
| A mild burn, but then tan or darken | 3 |  |
| Tanned easily | 4 |  |
| Tanned slowly | 5 |  |
| IS NEVER IN DIRECT SUNLIGHT FOR MORE THAN 30 MINUTES | -7 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Sun Habits Survey (modified) |

**SE16000/(EVER\_SUNBURN).** Has {C\_FNAME/the child} ever had a sunburn?

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

|  |
| --- |
| SOURCE |
| Sun Habits Survey (modified) |

**SE17000/(NUM\_SUNBURNS\_PREV\_SUMMER).** How many times last summer did {C\_FNAME/the child} get a sunburn?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NONE | 0 |  |
| ONE | 1 |  |
| TWO | 2 |  |
| THREE | 3 |  |
| FOUR | 4 |  |
| FIVE OR MORE | 5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Sun Habits Survey |

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

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