

60M Questionnaire - Child

|  |  |
| --- | --- |
| Event Category: | Time-Based |
| Event: | 60M |
| Administration: | N/A |
| Instrument Target: | Child |
| Instrument Respondent: | Primary Caregiver |
| Domain: | Questionnaire |
| Document Category: | Questionnaire |
| Method: | Data Collector Administered |
| Mode (for this instrument\*): | In-Person, CAI; Phone, CAI |
| OMB Approved Modes: | In-Person, CAI; Phone, CAI; Web-Based, CAI |
| Estimated Administration Time: | 15 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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60M Questionnaire - Child

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60M Questionnaire - Child

GENERAL PROGRAMMER INSTRUCTIONS:

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

|  |  |  |  |
| --- | --- | --- | --- |
| **DATA ELEMENT FIELDS** | **MAXIMUM CHARACTERS PERMITTED** | **DATA TYPE** | **PROGRAMMER INSTRUCTIONS** |
| ADDRESS AND EMAIL FIELDS | 100 | CHARACTER |  |
| UNIT AND PHONE FIELDS | 10 | CHARACTER |  |
| \_OTH AND COMMENT FIELDS | 255 | CHARACTER | * Limit text to 255 characters |
| FIRST NAME AND LAST NAME | 30 | CHARACTER | * Limit text to 30 characters |
| ALL ID FIELDS | 36 | CHARACTER |  |
| ZIP CODE | 5 | NUMERIC |  |
| ZIP CODE LAST FOUR | 4 | NUMERIC |  |
| CITY | 50 | CHARACTER |  |
| DOB AND ALL OTHER DATE FIELDS (E.G., DT, DATE, ETC.) | 10 | NUMERIC  CHARACTER | * DISPLAY AS MM/DD/YYYY * STORE AS YYYY-MM-DD * HARD EDITS:   MM MUST EQUAL 01 TO 12  DD MUST EQUAL 01 TO 31  YYYY MUST BE BETWEEN 1900 AND CURRENT YEAR. |
| TIME VARIABLES | TWO-DIGIT HOUR AND TWO-DIGIT MINUTE, AM/PM DESIGNATION | NUMERIC | * HARD EDITS:   HOURS MUST BE BETWEEN 00 AND 12;  MINUTES MUST BE BETWEEN 00 AND 59 |

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

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

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

**A REMINDER:**

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

NOISE EXPOSURE

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * INSERT DATE/TIME STAMP. * PRELOAD PARTICIPANT ID (**P\_ID**) FOR CHILD AND RESPONDENT ID (**R\_P\_ID**) FOR ADULT CAREGIVER. * PRELOAD **C\_FNAME** 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** AND IF = 1, DISPLAY "he", him" AND "his" IN APPROPRIATE FIELDS THROUGHOUT INSTRUMENT. * IF **CHILD\_SEX** = 2, DISPLAY "she" AND "her" IN APPROPRIATE FIELDS THROUGHOUT INSTRUMENT. |

**NE10000.** We would now like to ask you some questions about noise in and around the child’s home.

**NE11000/(NOISE\_OUTSIDE).** When inside {C\_FNAME/the child}’s home, how much would you say noise from outdoor sources bothers, disturbs, or annoys {CHILD’s Name}?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Extremely | 1 |  |
| Very much | 2 |  |
| Moderately | 3 |  |
| Slightly | 4 |  |
| Not at all | 5 | NOISE\_INSIDE |
| REFUSED | -1 | NOISE\_INSIDE |
| DON'T KNOW | -2 | NOISE\_INSIDE |

|  |
| --- |
| SOURCE |
| The International Commission on Biological Effects of Noise’s (ICBEN’s) Community Response to Noise Team, Cohen/Bronzaft airport studies (Modified) |

**NE13000/(NOISE\_OUTSIDE\_TYPE).** What types of outdoor noise bother, disturb or annoy {C\_FNAME/the child} when {he/she} is inside?

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

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| AIRPLANE | 1 |  |
| CAR/TRUCK | 2 |  |
| GARDEN EQUIPMENT | 3 |  |
| DOGS BARKING | 4 |  |
| LOUD MUSIC | 5 |  |
| NEIGHBOR VOICES | 6 |  |
| ROWDY PASSERBY VOICES | 7 |  |
| NO PARTICULAR SOURCE | 8 |  |
| SOME OTHER SOURCE | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| The International Commission on Biological Effects of Noise's Cohen/Bronzaft airport studies (Modified) |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **NOISE\_OUTSIDE\_TYPE** = ANY COMBINATION OF 1 THROUGH 7, GO TO **NOISE\_INSIDE.** * IF **NOISE\_OUTSIDE\_TYPE** = -5 OR ANY COMBINATION OF 1 THROUGH 7 AND -5, GO TO **NOISE\_OUTSIDE\_OTH.** * IF **NOISE\_OUTSIDE\_TYPE** = 8, -1 OR -2, DO NOT ALLOW ANY OTHER RESPONSES, AND GO TO **NOISE\_INSIDE**. |

**NE14000/(NOISE\_OUTSIDE\_OTH).** What other type of outdoor noise?

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

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * PROBE “Anything else?” * LIST ALL OTHER OUTDOOR NOISE SOURCES SEPARATED BY COMMAS. |

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

|  |
| --- |
| SOURCE |
| The International Commission on Biological Effects of Noise's Cohen/Bronzaft airport studies (Modified) |

**NE15000/(NOISE\_INSIDE).** At {C\_FNAME/the child}’s home, how much would you say noise from indoor sources bothers, disturbs, or annoys {C\_FNAME/the child}?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Extremely | 1 |  |
| Very much | 2 |  |
| Moderately | 3 |  |
| Slightly | 4 |  |
| Not at all | 5 | NOISE\_INTERFERE |
| REFUSED | -1 | NOISE\_INTERFERE |
| DON'T KNOW | -2 | NOISE\_INTERFERE |

|  |
| --- |
| SOURCE |
| The International Commission on Biological Effects of Noise’s (ICBEN’s) Community Response to Noise Team (Modified) |

**NE17000/(NOISE\_INSIDE\_TYPE).** What types of indoor noise would you say bother, disturb or annoy {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. * SELECT ALL THAT APPLY. |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| BUILDING/MECHANICAL NOISE SUCH AS – FAN, AIR CONDITIONING, ETC | 1 |  |
| LOUD MUSIC | 2 |  |
| LOUD TALKING, CRYING, ETC. BY HOUSEHOLD MEMBERS, INCLUDING CHILDREN | 3 |  |
| DOGS BARKING | 4 |  |
| SOME OTHER SOURCE | -5 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| The International Commission on Biological Effects of Noise’s (ICBEN’s) Community Response to Noise Team (Modified) |

|  |
| --- |
| DATA COLLECTOR INSTRUCTIONS |
| * IF **NOISE\_INSIDE\_TYPE** = ANY COMBINATION OF 1 THROUGH 4, GO TO **NOISE\_INTERFERE**. * IF **NOISE\_INSIDE\_TYPE** = -5, OR ANY COMBINATION OF 1 THROUGH 4 AND -5, GO TO **NOISE\_INSIDE\_OTH**. * IF **NOISE\_INSIDE\_TYPE** = -1 OR -2, DO NOT ALLOW ANY OTHER RESPONSES, AND GO TO **NOISE\_INTERFERE**. |

**NE18000/(NOISE\_INSIDE\_OTH).** What other type of indoor noise?

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

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * PROBE “Anything else?” * LIST ALL OTHER INDOOR NOISE SOURCES SEPARATED BY COMMAS. |

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

|  |
| --- |
| SOURCE |
| The International Commission on Biological Effects of Noise’s (ICBEN’s) Community Response to Noise Team (Modified) |

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

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

SCHOOL EXPERIENCES

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

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

**SEZ01000/(ATTEND\_SCHOOL).** Is {C\_FNAME/the child} attending or enrolled in school?

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Study, Birth Cohort Kindergarten 2006 Parent Interview (modified) |

**SEZ02000/(REAS\_NO\_SCHOOL).** Why is {C\_FNAME/the child} not attending school this year?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| NOT OLD ENOUGH | 1 | TIME\_STAMP\_SEZ\_ET |
| NOT READY SOCIALLY | 2 | TIME\_STAMP\_SEZ\_ET |
| NOT READY ACADEMICALLY | 3 | TIME\_STAMP\_SEZ\_ET |
| OTHER | -5 |  |
| REFUSED | -1 | TIME\_STAMP\_SEZ\_ET |
| DON’T KNOW | -2 | TIME\_STAMP\_SEZ\_ET |

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

**SEZ02100/(REAS\_NO\_SCHOOL\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * GO TO **​TIME\_STAMP\_SEZ\_ET.** |

**SEZ03000/(SCHOOL\_GRADE).** What grade is {he/she} in?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| PRESCHOOL | 1 | SEZ05000 |
| KINDERGARTEN | 2 | SEZ05000 |
| FIRST GRADE | 3 | SEZ05000 |
| UNGRADED | 4 | SEZ05000 |
| OTHER | -5 |  |
| REFUSED | -1 | SEZ05000 |
| DON'T KNOW | -2 | SEZ05000 |

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Study, Birth Cohort Kindergarten 2006 Parent Interview |

**SEZ04000/(SCHOOL\_GRADE\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Study, Birth Cohort Kindergarten 2006 Parent Interview |

**SEZ05000.** What month and year did {C\_FNAME/the child} start in their current class?

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Study, Birth Cohort Kindergarten 2006 Parent Interview (modified) |

**(BEGIN\_SCHOOL\_MM)**

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

MONTH

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

**(BEGIN\_SCHOOL\_YYYY)**

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

         YEAR

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

**SEZ06000/(HRS\_SCHOOL).** How many hours each day does {he/she} spend in school?

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

HOURS

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Study, Birth Cohort Kindergarten 2006 Parent Interview (modified) |

**SEZ07000/(DAYS\_SCHOOL).** How many days each week does {he/she} spend in school?

|\_\_\_|

DAYS

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Study, Birth Cohort Kindergarten 2006 Parent Interview (modified) |

**SEZ08000/(NAME\_SCHOOL).** What is the name of the school where {C\_FNAME/the child} attends school?

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * VERIFY SPELLING. |

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Study, Birth Cohort Kindergarten 2006 Parent Interview |

**SEZ09000.** What is the address of {SCHOOL NAME}?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * VERIFY SPELLING. |

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Study, Birth Cohort Kindergarten 2006 Parent Interview |

**(SCHOOL\_STREET\_ADDRESS\_1)** ​STREET ADDRESS 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**(SCHOOL\_STREET\_ADDRESS\_2)** ​STREET ADDRESS 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**(SCHOOL\_CITY)** CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**(SCHOOL\_STATE)** STATE: |\_\_\_|\_\_\_|

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

**(SCHOOL\_ZIPCODE)** ZIP CODE: |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|

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

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * DISPLAY RESPONSE PROVIDED IN **NAME\_SCHOOL**AS ​"SCHOOL NAME". |

**SEZ10000/(SCHOOL\_PRIVATE).** Is the school public or private?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| PUBLIC | 1 |  |
| PRIVATE | 2 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Study, Birth Cohort Kindergarten 2006 Parent Interview (modified) |

**SEZ11000/(SCHOOL\_VOUCHER).** Did you use a voucher provided by the government to attend this school?

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Study, Birth Cohort Kindergarten 2006 Parent Interview |

**SEZ12000/(NUM\_STUDENTS\_CLASS).** How many students are in {C\_FNAME/the child}'s class?

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

NUMBER

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

**SEZ13000/(NUM\_TEACHERS\_CLASS).** How many teachers and teacher’s assistants usually work in {C\_FNAME/the child}'s classroom?

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

NUMBER

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

**SEZ14000/(TRANS\_SCHOOL).** How does {C\_FNAME/the child} usually get to school? Does (he/she)…

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Walk or ride a bike | 1 |  |
| Ride a bus | 2 |  |
| Is {he/she} dropped off by a parent, relative, or adult friend | 3 |  |
| Is {he/she} dropped off by {his/her} day care provider | 4 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Study, 1998-99 Kindergarten Cohort Spring Parent Interview |

**SEZ15000/(COMMUTE\_LENGTH\_SCH).** How many minutes does it usually take {C\_FNAME/the child} to get to school?

l\_\_\_l\_\_\_l

MINUTES

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

**SEZ16000/(DISTANCE\_SCHOOL).** About how far would you say it is from your home to the school {C\_FNAME/the child} attends?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| LESS THAN 1/8TH MILE (LESS THAN 3 BLOCKS) | 1 |  |
| 1/8TH MILE TO ¼ MILES (3-5 BLOCKS | 2 |  |
| MORE THAN ¼ MILE, BUT LESS THAN ½ MILE (6-9 BLOCKS) | 3 |  |
| ½ MILE TO LESS THAN 1 MILE (10-19 BLOCKS) | 4 |  |
| ONE MILE TO 2.5 MILES (LESS THAN 5 MINUTE DRIVE) | 5 |  |
| 2.6 MILES TO 5 MILES (BETWEEN 5-10 MINUTE DRIVE) | 6 |  |
| 5.1 MILES TO 7.5 MILES (BETWEEN 11 AND 15 MINUTE DRIVE) | 7 |  |
| 7.6 MILES TO 10 MILES (BETWEEN 16 AND 20 MINUTE DRIVE), OR | 8 |  |
| 11 MILES OR MORE (MORE THAN A 20 MINUTE DRIVE)? | 9 |  |
| REFUSED | -1 |  |
| DON'T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Study, Birth Cohort Kindergarten 2006 Parent Interview (modified) |

**SEZ17000/(SPEC\_ED).** When a child with a disability or developmental delay receives special education and/or related services sponsored through your local education agency – that is, the school system – these services are initiated after a diagnosis of condition, or professional evaluation of the child, and development of an Individualized Education Program or "IEP" or an Individualized Family Service Program or "IFSP", which is discussed with and signed by the parent.

Is {C\_FNAME/the child} receiving special education services related to either an IEP or an IFSP?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 | SEZ21000 |
| REFUSED | -1 | SEZ21000 |
| DON'T KNOW | -2 | SEZ21000 |

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Study, Birth Cohort Kindergarten 2006 Parent Interview |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **SPEC\_ED**= 1, GO TO **SPEC\_EQUIP\_SCHOOL.** * IF **SPEC\_ED**= 2, -1 OR -2, AND    + IF **SCHOOL\_GRADE**= 2, GO TO **SEZ21000.**   + IF **SCHOOL\_GRADE**≠ 2, GO TO **INVITE\_PARTY.** |

**SEZ18000/(SPEC\_EQUIP\_SCHOOL).** Does {C\_FNAME/the child} currently use special equipment for children with special needs such as a wheelchair, communication board, or other assistive device?

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Study, 1998-99 Kindergarten Cohort Fall Parent Interview |

**SEZ19000/(WRITTEN\_SPEC\_NEEDS).** Does {C\_FNAME/the child} have a written accommodations plan for any special needs, as described under Section 504 of the Vocational Rehabilitation Act usually called a 504 plan?

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

|  |
| --- |
| SOURCE |
| National Longitudinal Transition Study – 2 Parent Interview |

**SEZ20000/(SPEC\_SERVICES).** Were you the one who first asked for special services for {C\_FNAME/the child} in school, or did school staff first suggest that {he/she} might need services?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| PARENT ASKED | 1 |  |
| SCHOOL STAFF RECOMMENDED | 2 |  |
| SOMEONE ELSE RECOMMENDED | 3 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| National Longitudinal Transition Study – 2 Parent Interview |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **SCHOOL\_GRADE** = 2, GO TO **SEZ21000.** * IF **SCHOOL\_GRADE** ≠ 2, GO TO **INVITE\_PARTY.** |

**SEZ21000.** Starting school can be a big change for children. These next few items are about how well that transition to school went for {C\_FNAME/the child}, and how ready you thought {he/she} was for school.

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Study, Birth Cohort Kindergarten 2006 Parent Interview |

**SEZ22000/(ACAD\_PREP\_SCHOOL).** How academically prepared do you think {C\_FNAME/the child} was for kindergarten?  By academically prepared, we mean knowing things like letters and numbers, and being ready to learn. Would you say…

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Very prepared | 1 |  |
| Somewhat prepared | 2 |  |
| Not at all prepared | 3 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Study, Birth Cohort Kindergarten 2006 Parent Interview (modified) |

**SEZ23000/(SOC\_PREP\_SCHOOL).** How socially prepared do you think {C\_FNAME/the child} was for kindergarten?  By socially prepared, we mean being ready for the classroom environment, including being able to listen to and follow instructions, express {his/her} needs verbally, and play well with other children. Would you say…

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Very prepared | 1 |  |
| Somewhat prepared | 2 |  |
| Not at all prepared | 3 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Study, Birth Cohort Kindergarten 2006 Parent Interview (modified) |

**SEZ24000.** Children sometimes have trouble adjusting to kindergarten. On average, {since this school year began/during the first two months of this school year}…

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF CURRENT MONTH AND YEAR < 2 MONTHS FROM **BEGIN\_SCHOOL\_MM**AND **BEGIN\_SCHOOL\_YYYY**DISPLAY FIRST BRACKETED PHRASE. * OTHERWISE, DISPLAY SECOND BRACKETED PHRASE. |

**SEZ25000/(FREQ\_COMPLAIN\_SCH).** How often did {C\_FNAME/the child} complain about school?  Would you say more than once a week, once a week or less, or not at all?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| MORE THAN ONCE A WEEK | 1 |  |
| ONCE A WEEK OR LESS | 2 |  |
| NOT AT ALL | 3 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Study, Birth Cohort Kindergarten 2006 Parent Interview (modified) |

**SEZ26000/(FREQ\_RELUCT\_SCHOOL).** How often was { C\_FNAME/the child } reluctant to go to school?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| MORE THAN ONCE A WEEK | 1 |  |
| ONCE A WEEK OR LESS | 2 |  |
| NOT AT ALL | 3 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Study, Birth Cohort Kindergarten 2006 Parent Interview (modified) |

**SEZ27000/(FREQ\_PRETEND\_SICK).** How often did {he/she} pretend to be sick to stay home from school?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| MORE THAN ONCE A WEEK | 1 |  |
| ONCE A WEEK OR LESS | 2 |  |
| NOT AT ALL | 3 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Study, Birth Cohort Kindergarten 2006 Parent Interview |

**SEZ28000/(FREQ\_SAY\_GOOD).** How often did {he/she} say good things about school?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| MORE THAN ONCE A WEEK | 1 |  |
| ONCE A WEEK OR LESS | 2 |  |
| NOT AT ALL | 3 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Study, Birth Cohort Kindergarten 2006 Parent Interview |

**SEZ29000/(FREQ\_SAY\_LIKE\_TEACH).** How often did {C\_FNAME/the child} say {he/she} liked {his/her} teacher?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| MORE THAN ONCE A WEEK | 1 |  |
| ONCE A WEEK OR LESS | 2 |  |
| NOT AT ALL | 3 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Study, Birth Cohort Kindergarten 2006 Parent Interview |

**SEZ30000/(FREQ\_LOOK\_FORWARD\_SCH).** How often did {he/she} look forward to going to school?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| MORE THAN ONCE A WEEK | 1 |  |
| ONCE A WEEK OR LESS | 2 |  |
| NOT AT ALL | 3 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Study, Birth Cohort Kindergarten 2006 Parent Interview |

**SEZ31000/(INVITE\_PARTY).** During the past 12 months, has {he/she} been invited by friends to social activities like over to their home or to a party?

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

|  |
| --- |
| SOURCE |
| National Longitudinal Transition Study – 2 Parent Interview |

**SEZ32000/(NUM\_FRIENDS).** How many friends does {C\_FNAME/the child} have? Would you say...

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| None | 1 |  |
| 1 or 2 friends | 2 |  |
| 3 to 5 friends | 3 |  |
| More than 5 friends | 4 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| Fragile X Survey |

**SEZ33000/(BULLY\_SCHOOL).** Has {C\_FNAME/the child} been bullied [in school] this year?  By bullied, we mean has there been a time when someone else has done things like called {C\_FNAME/the child} names, teased or laughed at {him/her}, left {him/her} out, threatened, or physically hurt {him/her}?

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

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

**SEZ34000/(BULLY\_FREQ).** How often has this happened?  Would you say…

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Once or twice | 1 |  |
| Three to ten times | 2 |  |
| More than ten times | 3 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

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

**SEZ35000/(MET\_TEACHER).** Have you met {C\_FNAME/the child}’s teacher yet?

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Study, Birth Cohort Kindergarten 2006 Parent Interview (modified) |

**SEZ36000.** Since the beginning of this school year, have you or the other adults in your household…

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Study, 1998-99 Kindergarten Cohort Fall Parent Interview |

**SEZ37000/(ATTEND\_OPEN\_HOUSE).** Attended an open house or a back-to-school night?

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Study, 1998-99 Kindergarten Cohort Fall Parent Interview |

**SEZ38000/(ATTEND\_PTA\_MTG).** Attended a meeting of a PTA, PTO, or Parent-Teacher Student Organization?

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Study, 1998-99 Kindergarten Cohort Fall Parent Interview |

**SEZ39000/(ATTEND\_ADVIS\_GRP).** Gone to a meeting of a parent advisory group or policy council?

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Study, 1998-99 Kindergarten Cohort Fall Parent Interview |

**SEZ40000/(ATTEN\_PAR\_TEAC\_CONF).** Gone to a regularly-scheduled parent-teacher conference with {C\_FNAME/the child}'s teacher or meeting with {C\_FNAME/the child}'s teacher?

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Study, 1998-99 Kindergarten Cohort Fall Parent Interview |

**SEZ41000/(ATTEND\_SCH\_EVENT).** Attended a school or class event, such as a play, sports event, or science fair?

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Study, 1998-99 Kindergarten Cohort Fall Parent Interview |

**SEZ42000/(VOLUNTEER\_SCHOOL).** Acted as a volunteer at the school or served on a committee?

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Study, 1998-99 Kindergarten Cohort Fall Parent Interview |

**SEZ43000/(FUNDRAISE\_SCHOOL).** Participated in fundraising for (C\_FNAME/the child)'s school?

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

|  |
| --- |
| SOURCE |
| Early Childhood Longitudinal Study, 1998-99 Kindergarten Cohort Fall Parent Interview |

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

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

CHILD DEMOGRAPHICS

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

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

**CD01000.** These next questions ask about {C\_FNAME/the child}.

**CD02000/(BABY\_ETHNIC\_ORIGIN).** Is {C\_FNAME/the child} of Hispanic, Latino/a or Spanish origin?

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

|  |
| --- |
| SOURCE |
| U.S. Department of Health and Human Services Office of Minority Health Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **BABY\_ETHNIC\_ORIGIN**=1, GO TO  **BABY\_EHTNIC\_ORIGIN\_1.** * IF **BABY\_EHTNIC\_ORIGIN**≠1, AND   + IF MODE=CAPI,GO TO **BABY\_RACE\_NEW**.   + IF MODE=CATI, GO TO **BABY\_RACE\_1**​. |

**CD03000/(BABY\_ETHNIC\_ORIGIN\_1).** Is {C\_FNAME/the child} one or more of the following?

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

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Mexican, Mexican American, Chicano/a | 1 |  |
| Puerto Rican | 2 |  |
| Cuban | 3 |  |
| Another Hispanic, Latino/a, or Spanish origin | 4 |  |
| OTHER | -5 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| U.S. Department of Health and Human Services Office of Minority Health Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **BABY\_ETHNIC\_ORIGIN\_1=**ANY COMBINATION OF 1 THROUGH 4, GO TO PROGRAMMER INSTRUCTIONS FOLLOWING **BABY\_EHTNIC\_ORIGIN\_1**. * IF **BABY\_ETHNIC\_ORIGIN\_1**=-5 OR ANY COMBINATION OF 1 THROUGH 4 AND-5, GO TO **BABY\_EHTNIC\_ORIGIN\_1\_OTH**. * IF **BABY\_EHTNIC\_ORIGIN\_1**=-1 OR-2, DO NOT ALLOW ANY OTHER RESPONSES AND GO TO PROGRAMMER INSTRUCTIONS FOLLOWING **BABY\_EHTNIC\_ORIGIN\_1**​. |

**CD04000/(BABY\_ETHNIC\_ORIGIN\_1\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| U.S. Department of Health and Human Services Office of Minority Health Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF MODE=CAPI, GO TO **BABY\_RACE\_NEW**​. * IF MODE=CATI, GO TO **BABY\_RACE\_1**. |

**CD05000/(BABY\_RACE\_NEW).** What is {C\_FNAME/the child}’s race? (One or more categories may be selected).

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * IF USING SHOWCARDS, DO NOT READ RESPONSE OPTIONS AND REFER TO APPROPRIATE SHOWCARD. * IF NOT USING SHOWCARDS, READ RESPONSE OPTIONS. * SELECT ALL THAT APPLY. * CODE “SOME OTHER RACE” ONLY IF VOLUNTEERED. * PROBE: Anything else? |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| WHITE | 1 |  |
| BLACK OR AFRICAN AMERICAN | 2 |  |
| AMERICAN INDIAN OR ALASKA NATIVE | 3 |  |
| ASIAN INDIAN | 4 |  |
| CHINESE | 5 |  |
| FILIPINO | 6 |  |
| JAPANESE | 7 |  |
| KOREAN | 8 |  |
| VIETNAMESE | 9 |  |
| OTHER ASIAN | 10 |  |
| NATIVE HAWAIIAN | 11 |  |
| GUAMANIAN OR CHAMORRO | 12 |  |
| SAMOAN | 13 |  |
| OTHER PACIFIC ISLANDER | 14 |  |
| SOME OTHER RACE | -5 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| U.S. Department of Health and Human Services Office of Minority Health Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **BABY\_RACE\_NEW**=ANY COMBINATION OF 1 THROUGH 14, GO TO **​ENGLISH\_WELL\_CHILD**. * IF **BABY\_RACE\_NEW**=-5 OR ANY COMBINATION OF 1 THROUGH 14 AND -5, GO TO **BABY\_RACE\_NEW\_OTH**. * IF **BABY\_RACE\_NEW**=-1 OR -2, DO NOT ALLOW ANY OTHER RESONSES AND GO TO **ENGLISH\_WELL\_CHILD**. |

**CD06000/(BABY\_RACE\_NEW\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| U.S. Department of Health and Human Services Office of Minority Health Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * GO TO **ENGLISH\_WELL\_CHILD**​. |

**CD07000/(BABY\_RACE\_1).** What is {C\_FNAME/the child}’s race? (One or more categories may be selected).

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * SELECT ALL THAT APPLY. * CODE “SOME OTHER RACE” ONLY IF VOLUNTEERED. * PROBE: Anything else? |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| White | 1 |  |
| Black or African American | 2 |  |
| American Indian or Alaska native, | 3 |  |
| Asian | 4 |  |
| Native Hawaiian or other Pacific Islander | 5 |  |
| SOME OTHER RACE | -5 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| U.S. Department of Health and Human Services Office of Minority Health Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **BABY\_RACE\_1**=ANY COMBINATION OF 1 THROUGH 3, GO TO **ENGLISH\_WELL\_CHILD**. * IF **BABY\_RACE\_1**=4 OR ANY COMBINATION OF 4 AND 1, 2, 3 AND/OR 5, GO TO **BABY\_RACE\_2**. * IF **BABY\_RACE\_1**=5 OR ANY COMBINATION OF 5 AND 1 THORUGH 3, GO TO **BABY\_RACE\_3**. * IF **BABY\_RACE\_1**=-5 OR ANY COMBINATION OF 1 THROUGH 5 AND -5, GO TO **BABY\_RACE\_1\_OTH**. * IF **BABY\_RACE\_1**=-1 OR -2, DO NOT ALLOW OTHER RESPONSES AND GO TO **ENGLISH\_WELL\_CHILD**. |

**CD08000/(BABY\_RACE\_1\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| U.S. Department of Health and Human Services Office of Minority Health Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **BABY\_RACE\_1**=4 OR 4 AND ANY COMBINATION OF 1, 2, 3, AND/OR 5, GO TO **BABY\_RACE\_2**. * IF **BABY\_RACE\_1**=5 OR 5 AND ANY COMBINATION OF 1 THROUGH 3, GO TO **BABY\_RACE\_3**. * OTHERWISE, GO TO **ENGLISH\_WELL\_CHILD.** |

**CD09000/(BABY\_RACE\_2).** What is {C\_FNAME/the child}’s race? (One or more categories may be selected).

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * PROBE FOR ANY OTHER RESPONSES * SELECT ALL THAT APPLY. |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Asian Indian | 1 |  |
| Chinese | 2 |  |
| Filipino | 3 |  |
| Japanese | 4 |  |
| Korean | 5 |  |
| Vietnamese | 6 |  |
| Other Asian | 7 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| U.S. Department of Health and Human Services Office of Minority Health Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status |

|  |
| --- |
| PROGRAMMER INSTRUCTIONS |
| * IF **BABY\_RACE\_1**=ANY COMBINATION WITH 4 AND 5 ,GO TO **BABY\_RACE\_3**. * OTHERWISE, GO TO **ENGLISH\_WELL\_CHILD**. |

**CD10000/(BABY\_RACE\_3).** What is {C\_FNAME/the child}’s race? (One or more categories may be selected).

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * PROBE FOR ANY OTHER RESPONSES * SELECT ALL THAT APPLY. |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Native Hawaiian | 1 |  |
| Guamanian or Chamorro | 2 |  |
| Samoan | 3 |  |
| Other Pacific Islander | 4 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| U.S. Department of Health and Human Services Office of Minority Health Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status |

**CD11000/(ENGLISH\_WELL\_CHILD).** How well does {C\_FNAME/the child} speak English? Would you say…

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Very well | 1 |  |
| Well | 2 |  |
| Not well | 3 |  |
| Not at all | 4 |  |
| REFUSED | -1 |  |
| DON’T KNOW | -2 |  |

|  |
| --- |
| SOURCE |
| U.S. Department of Health and Human Services Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status required by Section 4302 of the Affordable Care Act |

**CD12000/(HH\_NONENGLISH\_NEW\_CHILD).** Does{C\_FNAME/the child} speak a language other than English at home?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| YES | 1 |  |
| NO | 2 | DIFF\_HEAR\_CHILD |
| REFUSED | -1 | DIFF\_HEAR\_CHILD |
| DON'T KNOW | -2 | DIFF\_HEAR\_CHILD |

|  |
| --- |
| SOURCE |
| U.S. Department of Health and Human Services Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status required by Section 4302 of the Affordable Care Act |

**CD13000/(OTHER\_LANG\_CHILD).** What is this language?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Spanish | 1 | DIFF\_HEAR\_CHILD |
| Other Language | -5 |  |
| REFUSED | -1 | DIFF\_HEAR\_CHILD |
| DON’T KNOW | -2 | DIFF\_HEAR\_CHILD |

|  |
| --- |
| SOURCE |
| U.S. Department of Health and Human Services Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status required by Section 4302 of the Affordable Care Act |

**CD14000/(OTHER\_LANG\_CHILD\_OTH ).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| SOURCE |
| U.S. Department of Health and Human Services Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status required by Section 4302 of the Affordable Care Act |

**CD15000/(DIFF\_HEAR\_CHILD).** Is {C\_FNAME/the child} deaf or does {he/she} have serious difficulty hearing?

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

|  |
| --- |
| SOURCE |
| U.S. Department of Health and Human Services Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status required by Section 4302 of the Affordable Care Act |

**CD15100/(DIFF\_SEE\_CHILD).** Is {C\_FNAME/the child} blind or does {he/she} have serious difficulty seeing, even when wearing glasses?

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

|  |
| --- |
| SOURCE |
| U.S. Department of Health and Human Services Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status required by Section 4302 of the Affordable Care Act |

**CD16000/(DIFF\_CONCENTRATE\_CHILD).** Because of a physical, mental, or emotional condition, does {C\_FNAME/the child} have serious difficulty concentrating, remembering, or making decisions?

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

|  |
| --- |
| SOURCE |
| U.S. Department of Health and Human Services Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status required by Section 4302 of the Affordable Care Act |

**CD17000/(DIFF\_WALK\_CHILD).** Does {C\_FNAME/the child} have serious difficulty walking or climbing stairs?

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

|  |
| --- |
| SOURCE |
| U.S. Department of Health and Human Services Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status required by Section 4302 of the Affordable Care Act |

**CD18000/(DIFF\_DRESS\_CHILD).** Does {C\_FNAME/the child} have difficulty dressing or bathing?

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

|  |
| --- |
| SOURCE |
| U.S. Department of Health and Human Services Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status required by Section 4302 of the Affordable Care Act |

**CD19000/(PARTICIPANT\_SEX).** WHAT IS THE SEX OF THE CHILD?

|  |
| --- |
| INTERVIEWER INSTRUCTIONS |
| * DO NOT ADMINISTER THIS QUESTION TO THE RESPONDENT |

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

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

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