



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.

Public reporting burden for this collection of information is estimated to average 15 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.

This page intentionally left blank.

60M Questionnaire - Child

TABLE OF CONTENTS

GENERAL PROGRAMMER INSTRUCTIONS:.....	1
NOISE EXPOSURE.....	17
SCHOOL EXPERIENCES.....	26
CHILD DEMOGRAPHICS.....	40

This page intentionally left blank.

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	<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.**

NOISE EXPOSURE

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

Label	Code	Go To
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

Label	Code	Go To
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?"

INTERVIEWER INSTRUCTIONS

- 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	

Label	Code	Go To
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	

Label	Code	Go To
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?

|_|_|
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	

Label	Code	Go To
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
 - o IF SCHOOL_GRADE = 2, GO TO SEZ21000.
 - o 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	

Label	Code	Go To
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

SOURCE**(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	

Label	Code	Go To
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	

Label	Code	Go To
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
 - o IF MODE=CAPI,GO TO BABY_RACE_NEW.
 - o 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	12	

Label	Code	Go To
CHAMORRO		
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	

Label	Code	Go To
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	

Label	Code	Go To
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

SOURCE

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