



## Interviewer Observation Questionnaire - Adult

<b>Event Category:</b>	Time-Based
<b>Event:</b>	Pre-Pregnancy, PV1, PV2, Birth, 3M, 6M, 9M, 12M, 18M, 24M, 30M, 36M, 42M, 48M, 54M, 60M
<b>Administration:</b>	Pre-Pregnancy, PV1, PV2, Birth, 3M, 6M, 9M, 12M, 18M, 24M, 30M, 36M, 42M, 48M, 54M, 60M
<b>Instrument Target:</b>	Pre-Pregnant Woman; Biological Mother; Pregnant Woman; Primary Caregiver
<b>Instrument Respondent:</b>	Data Collector
<b>Domain:</b>	Questionnaire
<b>Document Category:</b>	Observation
<b>Method:</b>	Data Collector Administered
<b>Mode (for this instrument*):</b>	In-Person, CAI; Phone, CAI
<b>OMB Approved Modes:</b>	In-Person, CAI; Phone, CAI; Web-Based, CAI
<b>Estimated Administration Time:</b>	0 minutes
<b>Multiple Child/Sibling Consideration:</b>	Per Event
<b>Special Considerations:</b>	N/A
<b>Version:</b>	1.0
<b>MDES Release:</b>	4.0

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

This page intentionally left blank.

# Interviewer Observation Questionnaire - Adult

## TABLE OF CONTENTS

GENERAL PROGRAMMER INSTRUCTIONS: .....	1
INTERVIEWER OBSERVATIONS – ADULT .....	3
INTERVIEWER OBSERVATIONS - INTERVIEW .....	6

This page intentionally left blank.

## Interviewer Observation Questionnaire - Adult

### 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"> <li>Limit text to 255 characters</li> </ul>
FIRST NAME AND LAST NAME	30	CHARACTER	<ul style="list-style-type: none"> <li>Limit text to 30 characters</li> </ul>
ALL ID FIELDS	36	CHARACTER	
ZIP CODE	5	CHARACTER	
ZIP CODE LAST FOUR	4	CHARACTER	
CITY	50	CHARACTER	
DOB AND ALL OTHER DATE FIELDS (E.G., DT, DATE, ETC.)	10	NUMERIC CHARACTER	<ul style="list-style-type: none"> <li>DISPLAY AS MM/DD/YYYY</li> <li>STORE AS YYYY-MM-DD</li> <li>HARD EDITS: MM MUST EQUAL 01 TO 12 DD MUST EQUAL 01 TO 31 YYYY MUST BE BETWEEN 1900 AND CURRENT YEAR.</li> </ul>
TIME VARIABLES	TWO-DIGIT HOUR AND TWO-DIGIT MINUTE, AM/PM DESIGNATION	NUMERIC	<ul style="list-style-type: none"> <li>HARD EDITS: HOURS MUST BE BETWEEN 00 AND 12; MINUTES MUST BE BETWEEN 00 AND 59</li> </ul>
NUMBER OF HOURS PER DAY	TWO-DIGIT HOUR	NUMERIC	<ul style="list-style-type: none"> <li>HARD EDITS: HOURS MUST BE BETWEEN 1 AND 24</li> </ul>
NUMBER OF DAYS PER WEEK	ONE-DIGIT	NUMERIC	<ul style="list-style-type: none"> <li>HARD EDITS: DAYS PER WEEK MUST BE BETWEEN 1 AND 7</li> </ul>

### **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.**

## INTERVIEWER OBSERVATIONS – ADULT

(TIME\_STAMP\_IOP\_ST).

PROGRAMMER INSTRUCTIONS
<ul style="list-style-type: none"> <li>• INSERT DATE/TIME STAMP</li> <li>• IF <b>EVENT_TYPE</b> = 11 (PRE-PREG), PRELOAD PARTICIPANT ID (<b>P_ID</b>) FOR PRE-PREGNANT WOMAN.</li> <li>• IF <b>EVENT_TYPE</b> = 13 OR 15, PRELOAD PARTICIPANT ID (<b>P_ID</b>) FOR PREGNANT WOMAN.</li> <li>• IF <b>EVENT_TYPE</b> = 18 (BIRTH), 24 (6-MONTH), 27 (12-MONTH), 31 (24-MONTH), 37 (36-MONTH), 40 (48-MONTH), OR 42 (60-MONTH), PRELOAD PARTICIPANT ID (<b>P_ID</b>) FOR ADULT CAREGIVER.</li> <li>• PRELOAD <b>C_FNAME</b> FROM <b>INSTRUMENT_ID</b> = XX (PARTICIPANT VERIFICATION, SCHEDULING, AND TRACING).</li> <li>• IF <b>C_FNAME</b> ≠ -1 OR -2, DISPLAY CHILD'S NAME THROUGHOUT INSTRUMENT.</li> <li>• IF <b>C_FNAME</b> = -1 OR -2, DISPLAY "THE CHILD".</li> <li>• PRELOAD <b>STAFF_ID</b>.</li> <li>• IF <b>INS_MODE</b> = 1 (CAPI), GO TO <b>UNDER_INFLUENCE</b>.</li> <li>• IF <b>INS_MODE</b> = 2 (CATI), GO TO <b>VIOLENCE</b></li> </ul>

**IOP01000/(UNDER\_INFLUENCE).** DID THE ADULT APPEAR TO BE UNDER THE INFLUENCE OF DRUGS OR ALCOHOL?

Label	Code	Go To
YES	1	
NO	2	
NOT APPLICABLE/DID NOT OBSERVE THE PARTICIPANT	-7	

SOURCE
New

**IOP02000/(DEPRESSED).** DID THE ADULT SEEM UNHAPPY, SAD, OR DEPRESSED?

Label	Code	Go To
YES	1	
NO	2	
NOT APPLICABLE/DID NOT OBSERVE THE PARTICIPANT	-7	

SOURCE
Iowa Child and Family Household Health Survey (modified)

**IOP03000/(TENSE).** DID THE ADULT SEEM NERVOUS, HIGH-STRUNG, OR TENSE?

Label	Code	Go To
YES	1	
NO	2	
NOT APPLICABLE/DID NOT OBSERVE THE PARTICIPANT	-7	

**SOURCE**

Iowa Child and Family Household Health Survey (modified)

**IOP04000/(CONCERNED).** DID THE ADULT SEEM CONCERNED ABOUT OTHER PEOPLE PRESENT AT THE INTERVIEW?

Label	Code	Go To
YES	1	
NO	2	TRAUMA
NOT APPLICABLE/DID NOT OBSERVE THE PARTICIPANT	-7	TRAUMA

**SOURCE**

Iowa Child and Family Household Health Survey (modified)

**IOP05000/(PEOPLE).** WHAT OTHER PEOPLE DID THE ADULT SEEM UNHAPPY ABOUT BEING PRESENT AT THE INTERVIEW?

**INTERVIEWER INSTRUCTIONS**

- SELECT ALL THAT APPLY.

Label	Code	Go To
OTHER NCS STAFF	1	
SPOUSE/PARTNER	2	
OTHER ADULTS (NON-NCS STAFF)	3	
CHILDREN	4	
OTHER	-5	

**SOURCE**

New

**PROGRAMMER INSTRUCTIONS**

- IF PEOPLE = -5, OR ANY COMBINATION OF 1 - 4 AND -5, GO TO PEOPLE\_OTH.
- OTHERWISE, GO TO TRAUMA.

**IOP06000/(PEOPLE\_OTH).** SPECIFY: \_\_\_\_\_

**SOURCE**

New



**IOP07000/(TRAUMA).** DID THE ADULT HAVE ANY SIGNS OF PHYSICAL INJURY OR TRAUMA?

Label	Code	Go To
YES	1	
NO	2	
NOT APPLICABLE/DID NOT OBSERVE PARTICIPANT	-7	

**SOURCE**

California Health Interview Survey (modified)

**IOP08000/(VIOLENCE).** DID THE ADULT MENTION ANYTHING ABOUT CURRENT OR PAST INTIMATE PARTNER VIOLENCE? VIOLENCE COULD INCLUDE HITTING, SLAPPING, PUSHING, KICKING, OR PHYSICALLY HURTING THE ADULT.

Label	Code	Go To
YES	1	
NO	2	TIME_STAMP_IOP_ET

**SOURCE**

California Health Interview Survey (modified)

**IOP09000/(VIOLENCE\_DETAIL).** YOU INDICATED THAT THE ADULT MENTIONED CURRENT OR PAST INTIMATE PARTNER VIOLENCE. TO THE BEST OF YOUR ABILITY, PLEASE WRITE DOWN WHAT THE ADULT TOLD YOU.

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

**SOURCE**

New

**INTERVIEWER INSTRUCTIONS**

- NOTE THAT THERE IS A SIZE LIMIT OF 255 CHARACTERS FOR YOUR DESCRIPTION.

(TIME\_STAMP\_IOP\_ET).

**PROGRAMMER INSTRUCTIONS**

- INSERT DATE/TIME STAMP

## INTERVIEWER OBSERVATIONS - INTERVIEW

(TIME\_STAMP\_IOI\_ST).

PROGRAMMER INSTRUCTIONS
<ul style="list-style-type: none"> <li>• INSERT DATE/TIME STAMP</li> <li>• PRELOAD THE TARGET RESPONDENT FOR THE INSTRUMENT(S) COMPLETED DURING THE VISIT.</li> </ul>

**IOI01000/(PROXY).** WAS THIS INTERVIEW COMPLETED WITH THE INTENDED RESPONDENT OR SOMEONE ELSE?

Label	Code	Go To
INTENDED RESPONDENT	1	
SOMEONE ELSE	2	

SOURCE
New

PROGRAMMER INSTRUCTIONS
<ul style="list-style-type: none"> <li>• IF PROXY = 1 AND             <ul style="list-style-type: none"> <li>○ INS_MODE = 1 (CAPI), GO TO INT_PART_HOME.</li> <li>○ INS_MODE = 2 (CATI), GO TO INT_MODE.</li> </ul> </li> </ul>

**IOI02000/(PR\_REL\_CHILD).** WHAT IS THE RELATIONSHIP OF THE INTERVIEW RESPONDENT TO {C\_FNAME/THE CHILD}?

Label	Code	Go To
BIOLOGICAL MOTHER	2	PR_REL_RESP
BIOLOGICAL FATHER	4	PR_REL_RESP
GRANDPARENT	10	PR_REL_RESP
OTHER RELATIVE	11	PR_REL_RESP
NEIGHBOR	13	PR_REL_RESP
CAREGIVER	15	PR_REL_RESP
TEACHER	16	PR_REL_RESP
PRIMARY CHILD CARE PROVIDER	17	PR_REL_RESP
OTHER CHILD CARE PROVIDER	18	PR_REL_RESP
AUNT	19	PR_REL_RESP
UNCLE	20	PR_REL_RESP
COUSIN	21	PR_REL_RESP
OTHER NON-RELATIVE	22	PR_REL_RESP
ADOPTIVE MOTHER	23	PR_REL_RESP
ADOPTIVE FATHER	24	PR_REL_RESP
SOCIAL MOTHER	25	PR_REL_RESP
SOCIAL FATHER	26	PR_REL_RESP
STEP MOTHER	27	PR_REL_RESP
STEP FATHER	28	PR_REL_RESP

Label	Code	Go To
STEP BROTHER	29	PR_REL_RESP
STEP SISTER	30	PR_REL_RESP
ADOPTIVE BROTHER	31	PR_REL_RESP
ADOPTIVE SISTER	32	PR_REL_RESP
GRANDMOTHER	33	PR_REL_RESP
GRANDFATHER	34	PR_REL_RESP
OTHER	-5	

<b>SOURCE</b>
New

IOI03000/(PR\_REL\_CHILD\_OTH). SPECIFY: \_\_\_\_\_

<b>SOURCE</b>
New

IOI04000/(PR\_REL\_RESP). WHAT IS THE RELATIONSHIP OF THE INTERVIEW RESPONDENT TO THE INTENDED RESPONDENT?

Label	Code	Go To
MOTHER	1	
FATHER	2	
SPOUSE	3	
DOMESTIC PARTNER	4	
OTHER ADULT RELATIVE	5	
OTHER ADULT NON-RELATIVE	6	
OTHER	-5	

<b>SOURCE</b>
New

<b>PROGRAMMER INSTRUCTIONS</b>
<ul style="list-style-type: none"> <li>IF PR_REL_RESP = ANY VALUE 1 THROUGH 6, GO TO PROGRAMMER INSTRUCTIONS AFTER PR_REL_RESP_OTH.</li> </ul>

IOI05000/(PR\_REL\_RESP\_OTH). SPECIFY: \_\_\_\_\_

<b>SOURCE</b>
New

<b>PROGRAMMER INSTRUCTIONS</b>
<ul style="list-style-type: none"> <li>IF INS_MODE = 1 (CAPI), GO TO INT_PART_HOME.</li> <li>IF INS_MODE = 2 (CATI), GO TO INT_MODE.</li> </ul>

IOI06000/(INT\_PART\_HOME). DID YOU CONDUCT THIS INTERVIEW AT THE ADULT'S HOME-EITHER INSIDE OR OUTSIDE?

Label	Code	Go To
YES	1	INT_MODE
NO	2	

<b>SOURCE</b>
National Survey on Drug Use and Health

IOI07000/(INT\_WHERE). WHERE DID YOU CONDUCT THIS INTERVIEW?

Label	Code	Go To
ADULT'S WORKPLACE	1	INT_MODE
AT HOME OF ADULT'S FRIEND OR RELATIVE	2	INT_MODE
IN SOME TYPE OF COMMON AREA, SUCH AS A LOBBY, HALLWAY, STAIRWELL, OR LAUNDRY ROOM	3	INT_MODE
AT A CLINIC	4	INT_MODE
IN A MOBILE VAN	5	INT_MODE
OTHER	-5	

<b>SOURCE</b>
National Survey on Drug Use and Health

IOI08000/(INT\_WHERE\_OTH). SPECIFY \_\_\_\_\_

<b>SOURCE</b>
National Survey on Drug Use and Health

IOI09000/(INT\_MODE). IN WHAT MODE WAS THIS INTERVIEW COMPLETED?

Label	Code	Go To
COMPUTER-ASSISTED INTERVIEWING (CAI)	1	INT_METHOD
PAPER DATA COLLECTION FORM	2	INT_METHOD
BOTH CAI AND PAPER FORM	3	INT_METHOD
OTHER	-5	

<b>SOURCE</b>
New

IOI10000/(INT\_MODE\_OTH).  
SPECIFY: \_\_\_\_\_

<b>SOURCE</b>
New

**IOI10100/(INT\_METHOD).** WAS THE INTERVIEW SELF-ADMINISTERED, INTERVIEWER-ADMINISTERED, OR BOTH (I.E., SOME PARTS WERE INTERVIEWER-ADMINISTERED, SOME PARTS WERE SELF-ADMINISTERED)?

Label	Code	Go To
SELF-ADMINISTERED	1	
INTERVIEWER-ADMINISTERED	2	
BOTH	3	

**SOURCE**

New

**IOI11000/(PART\_UND).** HOW WOULD YOU ESTIMATE THE ADULT'S UNDERSTANDING OF THE INTERVIEW?

Label	Code	Go To
NO DIFFICULTY – NO LANGUAGE OR READING PROBLEM	1	
JUST A LITTLE DIFFICULTY—ALMOST NO LANGUAGE OR READING PROBLEM	2	
A FAIR AMOUNT OF DIFFICULTY—SOME LANGUAGE OR READING PROBLEM	3	
A LOT OF DIFFICULTY—CONSIDERABLE LANGUAGE OR READING PROBLEM	4	

**SOURCE**

National Survey on Drug Use and Health

**IOI12000/(PART\_COOP).** HOW COOPERATIVE WAS THE ADULT DURING THE INTERVIEW?

Label	Code	Go To
VERY COOPERATIVE	1	
FAIRLY COOPERATIVE	2	
NOT VERY COOPERATIVE	3	
OPENLY HOSTILE	4	

**SOURCE**

National Survey on Drug Use and Health (modified)

**IOI13000/(INT\_PRIVATE).** ON A SCALE FROM 1 THROUGH 4, HOW PRIVATE WAS THE INTERVIEW? (DO NOT COUNT YOURSELF OR OTHER NCS STAFF AS ANOTHER PERSON IN THE ROOM.)

<b>Label</b>	<b>Code</b>	<b>Go To</b>
<b>COMPLETELY PRIVATE – NO ONE WAS IN THE ROOM OR COULD OVERHEAR ANY PART</b>	<b>1</b>	
<b>MINOR DISTRACTIONS – PERSONS IN THE ROOM OR LISTENING ABOUT 1/3 OF THE TIME</b>	<b>2</b>	
<b>SERIOUS INTERRUPTIONS OF PRIVACY MORE THAN HALF THE TIME</b>	<b>3</b>	
<b>CONSTANT PRESENCE OF OTHER PERSON(S)</b>	<b>4</b>	

**SOURCE**

National Survey on Drug Use and Health

**IOI14000/(INT\_LANG).** WHAT LANGUAGE WAS USED TO CONDUCT THIS INTERVIEW?

<b>Label</b>	<b>Code</b>	<b>Go To</b>
<b>ENGLISH</b>	<b>1</b>	<b>INT_COMMENT</b>
<b>SPANISH</b>	<b>2</b>	<b>INT_COMMENT</b>
<b>ARABIC</b>	<b>3</b>	<b>INT_COMMENT</b>
<b>CHINESE</b>	<b>4</b>	<b>INT_COMMENT</b>
<b>FRENCH</b>	<b>5</b>	<b>INT_COMMENT</b>
<b>FRENCH CREOLE</b>	<b>6</b>	<b>INT_COMMENT</b>
<b>GERMAN</b>	<b>7</b>	<b>INT_COMMENT</b>
<b>ITALIAN</b>	<b>8</b>	<b>INT_COMMENT</b>
<b>KOREAN</b>	<b>9</b>	<b>INT_COMMENT</b>
<b>POLISH</b>	<b>10</b>	<b>INT_COMMENT</b>
<b>RUSSIAN</b>	<b>11</b>	<b>INT_COMMENT</b>
<b>TAGALOG</b>	<b>12</b>	<b>INT_COMMENT</b>
<b>VIETNAMESE</b>	<b>13</b>	<b>INT_COMMENT</b>
<b>URDU</b>	<b>14</b>	<b>INT_COMMENT</b>
<b>PUNJABI</b>	<b>15</b>	<b>INT_COMMENT</b>
<b>BENGALI</b>	<b>16</b>	<b>INT_COMMENT</b>
<b>FARSI</b>	<b>17</b>	<b>INT_COMMENT</b>
<b>JAPANESE</b>	<b>18</b>	<b>INT_COMMENT</b>
<b>MANDARIN</b>	<b>19</b>	<b>INT_COMMENT</b>
<b>PORTUGUESE</b>	<b>20</b>	<b>INT_COMMENT</b>
<b>TAIWANESE</b>	<b>21</b>	<b>INT_COMMENT</b>
<b>TURKISH</b>	<b>22</b>	<b>INT_COMMENT</b>
<b>OTHER</b>	<b>-5</b>	

**SOURCE**

National Children's Study, Vanguard Phase

IO115000/(INT\_LANG\_OTH). SPECIFY: \_\_\_\_\_

**SOURCE**

National Children's Study, Vanguard Phase

IO116000/(INT\_COMMENT). PLEASE NOTE ANYTHING ELSE YOU THINK WOULD BE HELPFUL FOR THE INTERPRETATION AND UNDERSTANDING OF THIS INTERVIEW.

COMMENT: \_\_\_\_\_

**SOURCE**

National Survey on Drug Use and Health

**PROGRAMMER INSTRUCTIONS**

- ALLOW 255 CHARATERS.

(TIME\_STAMP\_IOI\_ET).

**PROGRAMMER INSTRUCTIONS**

- INSERT DATE/TIME STAMP



## Interviewer Observation Questionnaire - Child

<b>Event Category:</b>	Time-Based
<b>Event:</b>	Birth, 3M, 6M, 9M, 12M, 18M, 24M, 30M, 36M, 42M, 48M, 54M, 60M
<b>Administration:</b>	N/A
<b>Instrument Target:</b>	Child
<b>Instrument Respondent:</b>	Data Collector
<b>Domain:</b>	Questionnaire
<b>Document Category:</b>	Observation
<b>Method:</b>	Data Collector Administered
<b>Mode (for this instrument*):</b>	In-Person, CAI; Phone, CAI
<b>OMB Approved Modes:</b>	In-Person, CAI; Phone, CAI; Web-Based, CAI
<b>Estimated Administration Time:</b>	0 minutes
<b>Multiple Child/Sibling Consideration:</b>	Per Event
<b>Special Considerations:</b>	N/A
<b>Version:</b>	1.0
<b>MDES Release:</b>	4.0

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



This page intentionally left blank.

# Interviewer Observation Questionnaire - Child

## TABLE OF CONTENTS

GENERAL PROGRAMMER INSTRUCTIONS: .....	1
INTERVIEWER OBSERVATIONS – CHILD.....	3

This page intentionally left blank.

## Interviewer Observation 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"> <li>Limit text to 255 characters</li> </ul>
FIRST NAME AND LAST NAME	30	CHARACTER	<ul style="list-style-type: none"> <li>Limit text to 30 characters</li> </ul>
ALL ID FIELDS	36	CHARACTER	
ZIP CODE	5	CHARACTER	
ZIP CODE LAST FOUR	4	CHARACTER	
CITY	50	CHARACTER	
DOB AND ALL OTHER DATE FIELDS (E.G., DT, DATE, ETC.)	10	NUMERIC CHARACTER	<ul style="list-style-type: none"> <li>DISPLAY AS MM/DD/YYYY</li> <li>STORE AS YYYY-MM-DD</li> <li>HARD EDITS: MM MUST EQUAL 01 TO 12 DD MUST EQUAL 01 TO 31 YYYY MUST BE BETWEEN 1900 AND CURRENT YEAR.</li> </ul>
TIME VARIABLES	TWO-DIGIT HOUR AND TWO-DIGIT MINUTE, AM/PM DESIGNATION	NUMERIC	<ul style="list-style-type: none"> <li>HARD EDITS: HOURS MUST BE BETWEEN 00 AND 12; MINUTES MUST BE BETWEEN 00 AND 59</li> </ul>
NUMBER OF HOURS PER DAY	TWO-DIGIT HOUR	NUMERIC	<ul style="list-style-type: none"> <li>HARD EDITS: HOURS MUST BE BETWEEN 1 AND 24</li> </ul>
NUMBER OF DAYS PER WEEK	ONE-DIGIT	NUMERIC	<ul style="list-style-type: none"> <li>HARD EDITS: DAYS PER WEEK MUST BE BETWEEN 1 AND 7</li> </ul>

### **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.**

## INTERVIEWER OBSERVATIONS – CHILD

(TIME\_STAMP\_IOC\_ST).

PROGRAMMER INSTRUCTIONS
<ul style="list-style-type: none"> <li>• INSERT DATE/TIME STAMP</li> <li>• PRELOAD PARTICIPANT ID (P_ID) FOR CHILD</li> <li>• PRELOAD C_FNAME FROM INSTRUMENT_ID = XX (PARTICIPANT VERIFICATION, SCHEDULING, AND TRACING QUESTIONNAIRE).</li> <li>• IF C_FNAME ≠ -1 OR -2, DISPLAY CHILD'S FIRST NAME IN "C_FNAME" THROUGHOUT INSTRUMENT.</li> <li>• OTHERWISE, IF C_FNAME = -1 OR -2, DISPLAY "THE CHILD" THROUGHOUT INSTRUMENT.</li> <li>• PRELOAD STAFF_ID.</li> </ul>

**IOC01000/(SEE\_CHILD).** DID YOU SEE {C\_FNAME/THE CHILD} DURING YOUR STUDY VISIT?

Label	Code	Go To
YES	1	
NO	2	CHILD_VIOLENCE

SOURCE
New

**IOC02000/(CHILD\_ELIG).** IS {C\_FNAME/THE CHILD} 2 YEARS OF AGE OR OLDER?

Label	Code	Go To
YES	1	
NO	2	

SOURCE
New

PROGRAMMER INSTRUCTIONS
<ul style="list-style-type: none"> <li>• IF CHILD_ELIG = 2 AND             <ul style="list-style-type: none"> <li>○ IF INS_MODE = 1 (CAPI), GO TO CHILD_TRAUMA.</li> <li>○ IF INS_MODE = 2 (CATI), GO TO CHILD_VIOLENCE.</li> </ul> </li> <li>• IF CHILD_ELIG = 1 AND             <ul style="list-style-type: none"> <li>○ IF INS_MODE = 1, GO TO INTERACT.</li> <li>○ IF INS_MODE = 2, GO TO CHILD_VIOLENCE.</li> </ul> </li> </ul>

**IOC03000/(INTERACT).** DID YOU SEE {C\_FNAME/THE CHILD} INTERACT WITH OTHER CHILDREN DURING YOUR VISIT?

Label	Code	Go To
YES	1	

Label	Code	Go To
NO	2	CHILD_SAD

SOURCE
New

**IOC04000/(GET\_ALONG).** DID THE CHILD GET ALONG WITH OTHER CHILDREN, INCLUDING BROTHERS AND SISTERS?

Label	Code	Go To
YES	1	
NO	2	

SOURCE
New

**IOC05000/(CHILD\_SAD).** DID THE CHILD SEEM UNHAPPY, SAD, OR DEPRESSED?

Label	Code	Go To
YES	1	
NO	2	

SOURCE
Iowa Child and Family Household Health Survey (modified)

**IOC05100/(CHILD\_NERVOUS).** DID THE CHILD SEEM NERVOUS, HIGH-STRUNG, OR TENSE?

Label	Code	Go To
YES	1	
NO	2	

SOURCE
Iowa Child and Family Household Health Survey (modified)

**IOC06000/(CHILD\_TRAUMA).** DID THE CHILD HAVE ANY SIGNS OF PHYSICAL TRAUMA?

Label	Code	Go To
YES	1	
NO	2	

SOURCE
New

**IOC07000/(CHILD\_VIOLENCE).** DID THE ADULT CAREGIVER MENTION ANYTHING ABOUT CURRENT OR PAST VIOLENCE TOWARDS THE CHILD? VIOLENCE COULD INCLUDE HITTING, SLAPPING, PUSHING, KICKING, OR PHYSICALLY HURTING.

Label	Code	Go To
-------	------	-------

Label	Code	Go To
YES	1	
NO	2	TIME_STAMP_IOC_ET

SOURCE
California Child Abuse Detection Guidance document (modified)

**IOC08000/(CHILD\_VIOLENCE\_DETAIL).** YOU INDICATED THAT THE ADULT CAREGIVER MENTIONED CURRENT OR PAST VIOLENCE TOWARDS THE CHILD. TO THE BEST OF YOUR ABILITY, PLEASE WRITE DOWN WHAT THE ADULT CAREGIVER TOLD YOU.

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

SOURCE
New

(TIME\_STAMP\_IOC\_ET).

PROGRAMMER INSTRUCTIONS
<ul style="list-style-type: none"> <li>• INSERT DATE/TIME STAMP</li> </ul>





## Interviewer Observation Questionnaire - Household

<b>Event Category:</b>	Time-Based
<b>Event:</b>	Pre-Pregnancy, PV1, PV2, Birth, 3M, 6M, 9M, 12M, 18M, 24M, 30M, 36M, 42M, 48M, 54M, 60M
<b>Administration:</b>	Pre-Pregnancy, PV1, PV2, Birth, 3M, 6M, 9M, 12M, 18M, 24M, 30M, 36M, 42M, 48M, 54M, 60M
<b>Instrument Target:</b>	Pre-Pregnant Woman's Residence; Pregnant Woman's Residence; Child's Primary Residence
<b>Instrument Respondent:</b>	Data Collector
<b>Domain:</b>	Questionnaire
<b>Document Category:</b>	Observation
<b>Method:</b>	Data Collector Administered
<b>Mode (for this instrument*):</b>	In-Person, CAI; Phone, CAI
<b>OMB Approved Modes:</b>	In-Person, CAI; Phone, CAI; Web-Based, CAI
<b>Estimated Administration Time:</b>	0 minutes
<b>Multiple Child/Sibling Consideration:</b>	Per Event
<b>Special Considerations:</b>	In-Person events only
<b>Version:</b>	1.0
<b>MDES Release:</b>	4.0

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

This page intentionally left blank.

# Interviewer Observation Questionnaire - Household

## TABLE OF CONTENTS

GENERAL PROGRAMMER INSTRUCTIONS: .....	1
INTERVIEWER OBSERVATIONS – HOME (INTERIOR) .....	3

This page intentionally left blank.

## Interviewer Observation Questionnaire - Household

### 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"> <li>Limit text to 255 characters</li> </ul>
FIRST NAME AND LAST NAME	30	CHARACTER	<ul style="list-style-type: none"> <li>Limit text to 30 characters</li> </ul>
ALL ID FIELDS	36	CHARACTER	
ZIP CODE	5	CHARACTER	
ZIP CODE LAST FOUR	4	CHARACTER	
CITY	50	CHARACTER	
DOB AND ALL OTHER DATE FIELDS (E.G., DT, DATE, ETC.)	10	NUMERIC CHARACTER	<ul style="list-style-type: none"> <li>DISPLAY AS MM/DD/YYYY</li> <li>STORE AS YYYY-MM-DD</li> <li>HARD EDITS: MM MUST EQUAL 01 TO 12 DD MUST EQUAL 01 TO 31 YYYY MUST BE BETWEEN 1900 AND CURRENT YEAR.</li> </ul>
TIME VARIABLES	TWO-DIGIT HOUR AND TWO-DIGIT MINUTE, AM/PM DESIGNATION	NUMERIC	<ul style="list-style-type: none"> <li>HARD EDITS: HOURS MUST BE BETWEEN 00 AND 12; MINUTES MUST BE BETWEEN 00 AND 59</li> </ul>
NUMBER OF HOURS PER DAY	TWO-DIGIT HOUR	NUMERIC	<ul style="list-style-type: none"> <li>HARD EDITS: HOURS MUST BE BETWEEN 1 AND 24</li> </ul>
NUMBER OF DAYS PER WEEK	ONE-DIGIT	NUMERIC	<ul style="list-style-type: none"> <li>HARD EDITS: DAYS PER WEEK MUST BE BETWEEN 1 AND 7</li> </ul>

### **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.**

## INTERVIEWER OBSERVATIONS – HOME (INTERIOR)

(TIME\_STAMP\_IOH\_ST).

### PROGRAMMER INSTRUCTIONS

- INSERT DATE/TIME STAMP
- PRELOAD **DWELLING\_UNIT\_ID** FOR THE DWELLING UNIT FROM THE PARTICIPANT VERIFICATION, SCHEDULING, AND TRACING QUESTIONNAIRE (**INSTRUMENT\_ID** = XX)
- PRELOAD **STAFF\_ID**.
- PRELOAD **INS\_MODE**.
- IF **INS\_MODE** = 1 (CAPI), GO TO **GO\_INSIDE\_HOME**.
- IF **INS\_MODE** = 2 (CATI), GO TO **TIME\_STAMP\_IOH\_ET**.

### INTERVIEWER INSTRUCTIONS

- YOU SHOULD NOW ANSWER THE HOUSEHOLD OBSERVATION MODULE. PLEASE ANSWER THESE QUESTIONS THE BEST YOU CAN. YOU SHOULD ANSWER BASED ON WHAT YOU KNOW OR HAVE SEEN SO FAR. DO NOT EXPLORE THE HOME MORE THAN YOU ALREADY HAVE IN ORDER TO ANSWER THESE QUESTIONS.

**IOH01000/(GO\_INSIDE\_HOME)**. DID YOU GO INSIDE THE PARTICIPANT'S HOME?

Label	Code	Go To
YES	1	
NO	2	TIME_STAMP_IOH_ET

### SOURCE

New

**IOH02000/(HOME\_HAZARDS)**. WAS THE HOUSE OR APARTMENT FREE OF POTENTIALLY DANGEROUS STRUCTURAL OR HEALTH HAZARDS (EXPOSED OUTLETS, BROKEN WINDOWS, WINDOWS WITHOUT SCREENS OR GUARDS, LEAKING RADIATOR, POTS HANGING OVER THE EDGE OF THE STOVE)?

Label	Code	Go To
YES	1	
NO	2	

### SOURCE

Home Observation for Measurement of the Environment

**IOH03000/(HOME\_CLEAN)**. WERE ALL VISIBLE ROOMS OF THE HOME ARE REASONABLY CLEAN AND MINIMALLY CLUTTERED?

Label	Code	Go To
YES	1	

Label	Code	Go To
NO	2	

**SOURCE**

Home Observation for Measurement of the Environment/The National Survey of Child and Adolescent Well-being

**IOH04000/(FLOOR\_SPACE).** IN TERMS OF AVAILABLE FLOOR SPACE, WERE THE ROOMS OVERCROWDED WITH FURNITURE?

Label	Code	Go To
YES	1	
NO	2	

**SOURCE**

Home Observation for Measurement of the Environment

**IOH05000/(DARK\_INSIDE).** WAS THE INTERIOR OF THE HOME DARK?

Label	Code	Go To
YES	1	
NO	2	

**SOURCE**

Home Observation for Measurement of the Environment/The National Survey of Child and Adolescent Well-Being (modified)

**IOH06000/(NOISE\_INSIDE).** WAS THE HOUSE OR APARTMENT OVERLY NOISY DUE TO NOISE INSIDE THE HOUSE (E.G., TELEVISION, LOUD VOICES, RADIO)?

Label	Code	Go To
YES	1	
NO	2	

**SOURCE**

Home Observation for Measurement of the Environment (modified)

**IOH07000/(NOISE\_OUTSIDE).** WAS THE HOUSE OR APARTMENT OVERLY NOISY DUE TO NOISE OUTSIDE THE HOUSE (E.G., TELEVISION, LOUD VOICES, RADIO)?

Label	Code	Go To
YES	1	
NO	2	

**SOURCE**

Home Observation for Measurement of the Environment (modified)



**IOH08000/(SIGNS\_DRUG\_ALCOHOL).** WERE THERE OBVIOUS SIGNS OF RECENT ALCOHOL OR NON-PRESCRIPTION DRUG CONSUMPTION IN THE HOME (E.G., DRUG PARAPHERNALIA, BEER CANS, LIQUOR BOTTLES)?

Label	Code	Go To
YES	1	
NO	2	

**SOURCE**

Home Observation for Measurement of the Environment

**IOH09000/(SIGNS\_SMOKE\_INSIDE).** WAS THERE EVIDENCE OF SMOKING INSIDE THE HOME, SUCH AS ASH TRAYS, TOBACCO PRODUCTS, LIGHTERS, OR ODORS?

Label	Code	Go To
YES	1	
NO	2	

**SOURCE**

Children's Health After the Storm

**IOH10000/(SIGNS\_RODENT\_INSIDE).** WAS THERE EVIDENCE OF RODENT DROPPINGS, TRAPS, OR POISONS INSIDE THE HOME?

Label	Code	Go To
YES	1	
NO	2	

**SOURCE**

Children's Health After the Storm

**IOH11000/(FOOD\_REMAINS).** WAS THERE EVIDENCE OF FOOD REMAINS INSIDE THE HOME (THAT IS, FOOD THAT HAS NOT BEEN DISPOSED OF PROPERLY)?

Label	Code	Go To
YES	1	
NO	2	

**SOURCE**

Children's Health After the Storm (modified)

**IOH12000/(VISIBLE\_MOLD).** WAS THERE MOLD VISIBLE ON WALLS, CARPET, OR OTHER SURFACES INSIDE THE HOME?

Label	Code	Go To
YES	1	
NO	2	

**SOURCE**

**SOURCE****Children's Health After the Storm**

IOH13000/(SMELL\_MOLD). DID THE HOME HAVE A MOLDY SMELL?

Label	Code	Go To
YES	1	
NO	2	

**SOURCE****Children's Health After the Storm**

IOH14000/(WATER\_DAMAGE). DID THE HOME HAVE ANY VISIBLE WATER DAMAGE?

Label	Code	Go To
YES	1	
NO	2	

**SOURCE****Children's Health After the Storm**

IOH15000/(INSIDE\_TEMP). HOW WOULD YOU DESCRIBE THE TEMPERATURE IN THE HOME?

Label	Code	Go To
TOO HOT FOR THE SEASON	1	
ABOUT RIGHT FOR THE SEASON	2	
TOO COLD FOR THE SEASON	3	

**SOURCE****New**

(TIME\_STAMP\_IOH\_ET).

**PROGRAMMER INSTRUCTIONS**

- INSERT DATE/TIME STAMP